‘Let’s talk, but not about that’: How parents who self-report as having had depression respond discursively to reading children’s picture books on parental depression

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Abstract

Whether and how people talk about mental distress has been a focus of prominent public-health efforts designed to decrease stigmatizing of mental illness (e.g., Bell's "Let's Talk" campaign). In the context of parental depression, researchers have oriented to exploring the risks that such depression can pose for offspring. However, this discursive preoccupation with children's vulnerability could work against public-health efforts to promote open discussion of parental depression. Given the public focus on increasing discussion about mental distress, I investigated the following question: How do individuals who have had depression while parents (regardless of whether formally or self-diagnosed) interact with, respond to, and evaluate their readings of parental depression in children's books on the topic? To do so, I conducted interviews (two per participant) with 12 parents (4 fathers and 8 mothers; age range: 25-67 years; average age: 41.5 years) who experienced depression during parenthood. In each interview, parents read and responded to 1-2 children's books with explicit themes of parental depression (3 books in total across interviews). I employed discourse analysis, focusing on how parents used language to structure their responses. Parents constructed sharing related to mental illness as valuable, to varying degrees, but also risky and requiring caution. Participants creatively mobilized discursive devices to re-frame silences in ways that resisted positioning the parent as "person who silences mental illness" and "parent who might place their offspring at risk through exposure to mental illness." I contend that parents' demonstrations of careful navigation of sharing and identity indicates how anti-stigma talk might be differentially accessible to certain populations, and I discuss the relevance of my analyses for public-health efforts, such as anti-stigma campaigns.

Keywords: parental depression, reader-response, narrative transportation, intersectionality, discourse analysis, stigma, sharing about mental distress, identity, parenthood, culture

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only differences in peoples' abilities to see how others have helped to make pursuing one's life aspirations possible. I know that I have many thanks to give.

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Chapter One – Review of the Literature

Becoming a parent is a culturally significant and scripted role that carries much meaning. Though related concepts, such as of child(hood), parent(hood), and family have shifted over time and across generations, normative scripts and/or ideals circulate (Swain, 2016; Wyness, 2006) and come to shape social evaluations and positions (see Chapman & Bhopal, 2013; Few-Demo, Humble, Curran, & Lloyd, 2016; Haines, Ajayi, & Boyd, 2014 for examples of this evaluative process). Deviating from these normative structures can impart risk, in terms of one's status as a parent and for the perceived wellbeing of one's offspring (see Chapman & Bhopal, 2013; Haines et al., 2014 for examples of this type of risk). Making explicit the marginalized position of being a parent with depression, Gotlib and Goodman (2002) state:

> Many of the symptoms of depression are incompatible with, or preclude, good parenting. Thus, feeling sad or blue, experiencing loss of interest or pleasure in one's usual pursuits, loss of energy, low self-esteem, poor concentration, indecisiveness, and hostility and irritability all make it difficult for parents to be responsive to the needs of their children and to be good role models for healthy social and emotional functioning. (p. 4)

Beyond possible negative evaluations of parents with depression due to social perceptions of deviation from a 'healthy norm,' a growing body of research supports a deficiency and risk orientation that situates offspring of 'depressed parents' as at risk for various developmental challenges and adverse outcomes (see Gladstone, Boydell, & McKeever, 2006; Hayden et al., 2013a; Kane & Garber, 2004; National Research Council and Institute of Medicine, 2009 for further engagement with risk). Supporting this assertion, Compas, Langrock, Keller, Merchant and Copeland (2002) claim that children who have a parent(s) with depression not only experience risk, but "are at enormous risk" (p. 246) when it comes to development, including in the areas of behavior and emotions. Relatedly, Olsen and Clark (2003) document that some parents talk about being discouraged from having a child due to their 'disability' (depression having been included in this categorization; also see Hine, Maybery & Goodyear, 2018b; Jeffery, Clement, Corker, Howard, Murray & Thornicroft, 2013 for discussion of discrimination, including by healthcare providers, of persons with a mental illness as parents).

Relatedly, and aligning with prevailing Western constructs of childhood (see Alderson, 2013; Livingston, 2013; Wilkie-Stibbs, 2008; Wyness, 2006 for expansion on these constructs), the positioning of offspring of parents with depression as relatively passive victims of parental depression, through emphasis on vulnerability, can be problematic (also see Gladstone et al., 2006). For instance, such a focus could diminish validation of children's contextual enactments of competence and resilience, such as in the form of the child taking on a carer role, due to deviation from dominant notions of "normal" and "healthy" childhood and parent-child relations (Gladstone, 2015; Gladstone, McKeever, Seeman, & Boydell, 2014; Olsen & Clarke, 2003; Wyness, 2006). What's more, given the restrictively privileged Western notions of childhood, parenthood, and family, a large swath of people risk being re-marginalized through their "deviant" and less-privileged identities and social positions.

Extending these implications to parents with depression, some scholars have indicated that parents similarly construct themselves as deficient (Galasiński, 2013; Hall, 2006), indicating a possible influence of their 'deviant' social positioning. Supporting concern regarding a pathologizing focus on parents with depression, Mickelson, Bichle, Chong and Gordon (2016) hypothesize the possible benefit of reducing negative social evaluation of parents with postpartum depression (PPD): "[e]fforts at diminishing the stigma […] are likely to improve the chances a new parent will seek professional help for their symptom and, as a result, enhance their beliefs in their ability to be a good parent." (p. 11). If parents with depression are mainly presented with accounts of parental deficits and offspring risk, their constructions of themselves as stigmatized and less efficacious parents could be reinforced (see Reupert & Maybery, 2015). As such, sources that contribute to the broader social storying[1] of parental depression and how parents engage with such contributions become increasingly consequential. Further emphasising the social importance of this area of inquiry, critically-oriented researchers have contended that the categories of mental illness have been expanding, encompassing less severe and 'normal' experiences (see Arney & Menjivar, 2014; Conrad, 1992, 2005; Healy, 2006; Moynihan, Heath, & Henry, 2002 for further engagement with related arguments). With this expansion, the number

[1] Throughout, I use "storying" to refer to active meaning making or the production of accounts of experience. I habitually use this term in reference to the production of accounts at a broad social level, which can be appreciated not only in overt narratives, but also through social practices, such as discourse. In my analyses, I focus on how participants' discursive moves construct and imply certain accounts of parental depression, both at individual/personal and social/collective levels.

of parents considered ‘depressed’ and, therefore, at risk of being marginalized, will likely increase.[2]

Despite such a tone of risk, individuals who have marginalized identity positions that intersect with parenthood, such as ‘person experiencing depression,’ have spoken about the importance and positive experience of becoming a parent (Mowbray, Oyserman, & Ross, 1995), though they also overtly and covertly indicate the possibility of identity risks (Festen et al., 2014; Galasiński, 2013; Hall, 2006; Mowbray et al., 1995). Further, while many researchers conclude that offspring of a parent(s) with depression are at risk, some scholars caution against an uncritical assumption of direct impact (Gladstone et al., 2006; Ramchandani & Murphy, 2013). Relatedly, a focus on identifying the negative implications of such intersectional parenthoods can work to negate gradation (i.e., anything beyond simply ‘negative’; see Gladstone et al., 2006; Mordoch & Hall, 2002; and Ramchandani & Murphy, 2013 for related arguments). For instance, such implications could support neglecting how social and institutional structures, ingrained with social privilege, might shape and reinforce parents’ and offspring’s experiences of disadvantage (i.e., associated risks). Supporting this more critical orientation, scholars such as Olsen and Clarke (2003) have made broader structurally, institutionally, and socially-related arguments that “differently” abled parents match “normally” abled parents in terms of resources needed in parenting, but might have lowered access to these resources due to limitations in accommodating difference inherent in prevailing social structures. Given this complexity in the construction of parental depression, the issue of how parents interact with cultural discourses regarding parental depression becomes paramount.

Children’s picture books on parental depression are a medium that can have the parent, offspring and, arguably, even the more general public as possible audiences and can communicate influential messages on the topic (see Allwood, 1996; Philip, 2009). Given the possible influence of such readings regarding social meaning making and evaluation of parental depression, the specific overarching research question of the current project was, “How do individuals who have had depression while parents (regardless of whether formally or self-diagnosed) interact with, respond to, and evaluate their readings of parental depression in children’s books on the topic? ” Though the research question could be explored without

[2] An important aside regarding my wording: throughout this document, I use ‘mental illness’ as opposed to ‘mental distress’ because the former is the construct I frequently encountered in engaging with the academic literature.

integrating the books in question, the books play an integral and unique part in addressing it. These texts act as socio-cultural stimuli for discussion that could help promote parental reflections on, and comparison of, their own and other conceptualizations of parental depression that they might encounter. Further, these stimuli could encourage greater depth of engagement with ways of storying parental depression through providing a swath of notions and topics parents can mobilize for discussion. What's more, parents can take discussions in directions influenced by their reading, thereby covering areas that I, the researcher and interviewer, might not have thought significant to explore regarding parental depression. Yet, while I explore the possible significance of circulating discourses related to parental depression in terms of how parents engage them, I also demonstrate that there is much complexity inherent in attempting to theorize the influence of a reading (for discussion of theorizing reading, see Beach, 1993; Rosenblatt, 1978, 1985, 1995; Tompkins, 1980).

Throughout the remainder of this chapter, I unpack how I constructed the overarching research question and add depth to my claims to its social importance and complexity. To provide these expansions, I start with a very broad overview of research on the topic of dominant notions of child(hood), parent(hood), family, and parental depression. I follow this critical engagement with deliberation on the contributions of a variety of socio-cultural and political actors to the broader storying of parental depression. I conclude through delineating the relevant sub-questions that shaped this project.

1.1 Relevant Constructs: Child(hood), Parent(hood), and Family

Childhood is a category arguably inherently implicated in parental depression given the mutual dependence of parenthood – part of the intersectional "dyad" of parental depression – and childhood. In accordance, Gittins (2004) contends that in research related to childhood, even the simple uncritical use of the concept of child(hood) "denies the fact that the meanings and assumptions inherent in it (innocence, dependency) were constructed by a certain social group at a certain point in time" (p. 35). His provision of support for the importance of this reflection, and more clearly implying the consequential link to parenthood, is reinforced in his statement that these social constructs are "later used to define what all families and all childhoods should be" (p. 35). Parents with depression are not exempt from such evaluations, but as I alluded to, they risk being evaluated as deviating from implicit socio-cultural norms.

Alderson (2013) extends this argument by indicating why a guise of objectivity, such as through a positivist orientation in understanding childhood, problematically misses nuance in the social contribution to meanings and evaluations. More specifically, Alderson argues that reductionism regarding these types of constructs can result in "promoting western values in the 'guise of science', and pathologizing deviance if families do not conform to prescribed childcare practices" (p. 36). Emphasizing the breadth of potential influence of claims to constructs like childhood is particularly notable when considering how, in the context of globalization, the use of an evaluative cultural, arguably Western, criterion has spread (Alderson, 2013; Wyness, 2006).

Diverse scholars claim that the predominant Western notion of childhood has been broadly based on its construction as a time of innocence, happiness, a lack of responsibility, a state of transition (i.e., children as "becoming" adults), and biological immaturity (which has been associated with overall immaturity; see Gittins, 2004; Hawkes & Egan, 2016; Meyering, 2016; New, 2001; Styles, 2001; Swain, 2016; Wyness, 2006 for further discussion and characterizing of childhood as a construct). Relatedly, they theorize that, in Western society, children and childhood as areas of study have frequently been oriented toward children as future adults (i.e., imparting a social tone of the child as incomplete and childhood as transitional), rather than their being valued and researched as current agentic and competent social actors (see Alderson, 2013; Meyering, 2016; Valentine, 2016; Wilkie-Stibbs, 2008; Wyness, 2006 for engagement with the topic of children/childhood as transitional and marginalized).

Expanding on the related dominant Western ideals of parenthood and family, several sources focusing on diverse populations have argued that they reflect white, middle class, cis-gendered, 'able-bodied'/non-'mentally disordered,' hetero-normative ideals that are intimately enmeshed with prevailing cultural and institutional constructs (see Chapman & Bhopal, 2013; Few-Demo et al., 2016; Haines et al., 2014; Hardesty, Oswald, Khaw, Fonseca, & Chung, 2008; Olsen & Clark, 2003 for more in-depth engagement with privileged parenthood). This dominant and privileged structural model can be observed in diverse social institutions. One such example of privileging a particular set of intersecting subject positions can be seen in the historically disproportionate representation of these "ideal" families and parents in textbooks addressing family-related topics (Few-Demo et al., 2016). According to such theorists as Kuhn and Fleck (as cited in Hird, 2012), textbooks are socializing technologies that reinforce and disseminate dominant structures of understanding. In this way, through the absence of representation of

diversity, the possible multiplicity that might inform concepts of "normal" and "healthy" is arguably silenced and invalidated (see Few-Demo et al., 2016 for further engagement). In contrast, the above culturally and institutionally privileged notion(s) of family and parent is/are reinforced as the template(s) against which families are evaluated (see Chapman & Bhopal, 2013; Few-Demo et al., 2016; Haines et al., 2014; Hardesty et al., 2008 for focused examples and further discussion of this socio-cultural and politically structured evaluation).

Given the interrelation of constructions of parent(hood) and child(hood), as well as an individualizing cultural orientation toward the nuclear family, parents are constructed as the social members who are primarily responsible for the well-being of their offspring (see Assarsson & Aarsand, 2011; Barrett Meyering, 2016; Bennett, Harden, & Anstey, 2017; Faulkner, 2016; Gittins, 2004; Hawkes & Egan, 2016; Siltanen & Doucet, 2008; Swain, 2016; Widding, 2015; Wilkie-Stibbs, 2008; Wyness, 2006 for related constructions of childhood and parenthood). In accordance with this responsibility and the construction of childhood as a state of transition, some scholars contend that it is the expected social role of the parent to support their child's development into someone who is productive and positively contributing to society (i.e., the "good citizen,"; see Assarsson & Aarsand, 2011; Bennett et al., 2017; Creighton, Brussoni, Oliffe, & Olsen, 2015; Jones et al., 2016; Karlsson, Löfdahl, & Prieto, 2013; Keefe, Brownstein-Evans, & Polmanteer, 2018; Manago, Davis, & Goar, 2017; Wall, 2018 for related engagements with parenthood). Thus, the parent is expected to titrate exposure to the broader social world in efforts to support the child's gradual preparation for 'adulthood' (Creighton et al., 2015; Wall, 2018). Exemplifying this contrast in social participation between adult and child, while discussing media representation of parenthood, Assarsson and Aarsand (2011) summarize that:

> As a parent you are responsible for solving problems and adjusting to the new situation to make sure that your children are doing well. In contrast to the adult, being a child means that one has no responsibility for solving family problems. Parents display agency, while children react according to the adult's action. (p. 89)

The above conceptualization of child(hood) and the linked concepts of parent(hood) and family can lack transferability not only across time and cultures but also across categories of privilege and disadvantage (see Alderson, 2013; Chapman & Bhopal, 2013; Few-Demo et al.,

2016; Gittins, 2004; Sault, 1995; Solberg, 1997; Styles, 2001; Wilkie-Stibbs, 2008; Wyness, 2006 for engagement with the lack of transferability of these concepts across a variety of contexts). Yet, as I introduced in my earlier quoting of Alderson (2013), these standardized and normalized notions, as well as notions regarding what will best support child development and flourishing, can result in the positioning of children/childhoods, parents/parenthoods and families who do not fit these categories of privilege as deviant, risky, and possibly deficient. As such, it is arguably even problematic to construct these notions as 'Western,' thereby risking the exclusion of experiential accounts of many 'Western' individuals and families, making their experiences deviant or simply invisible (see Chapman & Bhopal, 2013; DePouw & Matias, 2016 for related critical engagement with intersecting parenthoods, and see Shier, 2016 for a critical engagement with deviant childhoods). As such, I ask that the reader remain aware that I am referring to a privileged construction when using the categorical specifier of "Western," rather than claiming the constructs as ubiquitously adopted in Western cultural contexts. As indicated above, the concepts of child(hood), parent(hood), and family have not been static across time, neither universal nor without resistance, and they continue to change (see Swain, 2016; Wyness, 2006 for a more in-depth exploration of the construct of childhood as contextual and in perpetual flux).

What's more, a Western objectivist orientation to these inter-related constructs provides limited acknowledgement of how they are socially influenced and can reduce the possibility for alternative or counter-stories to the dominant notions that position certain families as at risk or deficient due to deviation from dominant 'Western' norms (Alderson, 2013; see Chapman & Bhopal, 2013; DePouw & Matias, 2016 for more specific examples of this limiting of validation and space for counter-stories). As such, though the above norms might have potential value in attempting to identify and redress social disparities, despite their privileged status, they can also result in further marginalization, particularly when privilege has been disguised as value-free and objective (see Alderson, 2013 for a critical engagement with an objectivist orientation to childhood; see Chapman & Bhopal, 2013 for an example of implications of unacknowledged value systems in these constructs). One's social access to "good enough" or "ideal" parenthood seems to be mediated by one's contextual pattern of relevant identity privilege and disadvantage (i.e., such as race and sexuality). Consequently, through reflecting on parent(hood)s that risk being socially constructed as deviant, the multiple levels of implicit social privilege imbued in

the culturally-dominant constructions of child(hood), parent(hood) and family becomes more difficult to overlook.

1.1.1 A more in-depth reflection on possible implications of privileged constructs. Exemplifying the possible implications of unacknowledged privilege in such constructs as childhood and parenthood, Chapman and Bhopal (2013) argue that, given "the white, middle-class framework of 'good parenting,' the ongoing efforts of women of color as fully engaged parents [including in promoting and supporting their children's flourishing in education] go unrecognized and under-estimated" (p. 581). This invalidation of mothers' enactments of supportive parenting due to deviation from a privileged and institutionally supported norm contributes toward the parents being positioned as deficient, including by the institution of education. Elaborating on how this lack of recognition might take place, DePouw and Matias (2016) argue that individuals in the system of education discuss "*parental involvement* in narrow, classed, and racialized terms… parental involvement [of non-white parents or family members, for example] may be unrecognizable to someone who is viewing families' behaviors from a cultural racism or White normative perspective" (p. 253).

This systemic discrimination and marginalization arguably impacts the general and educational experiences of parents and children (Chapman & Bhopal, 2013). Further, through this construction of individuals of color as uninvolved, based on socio-political and cultural devaluing (i.e., not counting) their parenting relative to embedded privileged norms, Chapman and Bhopal (2013) share the sentiment that this exclusion "allows society to place the blame of failing schools within the family structures of people of color, and exonerates the systemic processes that maintain inequitable schooling" (p. 581). Not only has this privileged normative perspective positioned communities of parents and families as deficient and their children as "at risk," it arguably also results in invalidation of historical struggles and agency in Black communities experiencing discrimination, including in the context of the socio-political institution of education (Chapman & Bhopal, 2013; DePouw & Matias, 2016). What's more, this invisibility and exclusion of their efforts could contribute toward further stereotyping and marginalizing of parents of color, which has implications that are much broader than can be seen in a narrow focus on the individual family and its members in relative isolation (Chapman & Bhopal, 2013; DePouw & Matias, 2016).

A similarly clear example of parenthood being situated as deviant and risky based on one's divergence from a proscribed pattern of intersecting social privilege can be seen in non-cis-gendered parents' accounts of parenthood. As indicated earlier, there has been an underrepresentation of the diversity of families in textbooks on related topics (see Few-Demo et al., 2016). Rather, heteronormative families are disproportionately modeled, indicating an implicit norm and covert silencing of variability (Few-Demo et al., 2016). Making more explicit the risk of resulting "deviant" intersectional parenthoods and subsequent social silencing, Haines and colleagues (2014) discuss how "[a]s parents transition, they must also confront the practical realities of how their trans identity will intersect with their parenting identity" (p. 245). Hinting at an orientation to assumed risk and, consequently, to silencing commonly socially marginalized parts of the self in order to defend parenthood, they also claim that related disclosure is not infrequently influenced by "concern for the wellbeing of their family" (p. 242). Turning to a more specific example of this orientation to silence, Haines and associates (2014) indicate that parents in their project talked about selective disclosure of their non-cis-gendered identities due to a concern about the social consequences of "coming out" (i.e., due to transphobia) for their children. Similarly, orienting toward the risk of one's "non-normative" position as a parent can be seen in parents' communication of concerns regarding possible discrimination by legal systems, such as in relation to issues of child custody or negotiating visitation (Haines et al., 2014). Research similarly indicates that non-heteronormative parents (mothers who identify as lesbian) who are dealing with intimate partner violence (IPV) also make claims that indicate their engagement in a similar parental silencing (Hardesty et al., 2008). Individuals with a mental illness also communicate discrimination against their becoming or being a parent, including perceived implications for visitation rights to their children (Jeffery et al., 2013). As such, concern related to disclosure is not unique to transgendered parents or a simplistic dual identity intersection, but cuts across diverse and multifaceted intersections of identities and social positions.

To reiterate my key arguments: normative notions of the "good" parent can risk reinforcing systemic discrimination under the guise of objectively informed legal rulings. When cultural values and beliefs imbued in notions of child(hood), parent(hood) and family are unacknowledged, parents who might attempt to construct counter-narratives to oppressive and inaccessible models of parenthood are faced with resisting a type of privileged knowledge in the

form of claims to objective and value-free knowing (Alderson, 2013). This theoretical limiting of space for resistance could be problematic, given DePouw and Matias's (2016) notion of counter-stories as important in resisting marginalization and systemic discrimination. At the same time, possibly indicating an increasing space for counter-narratives, Alderson (2013) suggests that there has been movement away from a 'purely' positivist perspective, with its claims of objectivity, in childhood studies.

In summary, culture, power, and politics inform even the apparently simple use of terms such as child(hood) and development (see Alderson, 2013; Chapman & Bhopal, 2013; DePouw & Matias, 2016 for variations of this argument). This risk is significant given the potential for related norms to position all individuals who do not fit a certain pattern of privilege as having had a risky childhood (i.e., that hinders one's chances of flourishing), or been a deficiently functioning parent or family (see Alderson, 2013 for a more general engagement of culture, power, and politics in studying childhood; see Chapman & Bhopal, 2013; DePouw & Matias, 2016; Sault, 1995 for specific examples of parenthoods and family that risk being situated as deviant and thereby deficient). This focus on deficiency makes relatively invisible not only the counter-stories, agency, and alternative enactments of flourishing, but it can also take attention away from larger systemic and structural issues regarding inequality and disadvantage (see Chapman & Bhopal, 2013; DePouw & Matias, 2016; Sault, 1995 for examples). Given my demonstration of the many patterns of social privilege and disadvantage in the constructs I examined, in the following segment I expand on this theme of orienting to (dis)advantage by taking a broader, yet more direct look at the relevance of an intersectional perspective as a useful theoretical framework for exploring marginalized parenthood(s).

1.1.2 Mobilizing an intersectional orientation to child(hood), parent(hood), family and associated social disparities. Scholars credit Kimberlé W. Crenshaw with first mobilizing the term 'intersectionality,' which she did in the context of discussing Black women's experiences with the legal system (Crenshaw, 1991, 2011; Lutz, Vivar, & Supik, 2011; May, 2015; Smooth, 2013). She theorizes how intersectionality could help illuminate how "racism and patriarchy have shaped conceptualizations of rape, to describe the unique vulnerability of women of color to these converging systems of domination, and to track the marginalization of women of color within antiracist and antirape discourses" (1991, pp. 1265-1266; also see Crenshaw, 2011; Lutz et al., 2011; May, 2015; Smooth, 2013 for further engagement with her theorizing). In

accordance with such an orientation, Black women's experiences of oppression, for example, cannot be condensed to consider gender or racial experience in isolation, but rather must consider how experiences are contextual and shaped by the complex intersection of multiple categories of socially structured (dis)advantage (Crenshaw, 1991, 2011). Supporting the importance of acknowledging such fundamental historical contributions to intersectionality as Crenshaw's pioneering work and its related socio-political context, many researchers claim that a key in adopting an intersectional perspective is acknowledging its formative historical development (see Collins & Bilge, 2016; Lutz et al., 2011; May, 2015; Smooth, 2013 for further related discussions). Highlighting a general orientation toward challenging systems of power (including the status quo) and seeking social justice, May (2015) argues that "[i]ntersectionality is a form of resistant knowledge developed to unsettle conventional mindsets, challenge oppressive power, think through the full architecture of structural inequalities and asymmetrical life opportunities, and seek a more just world" (p. x).

Elaborating further on key tenets of intersectionality, scholars and theorists specify the importance of not adopting a single axis or hierarchical approach to identity/social categories (see Collins & Bilge, 2016; Crenshaw, 1991, 2011; May, 2015; Smooth, 2013 for support of this orientation). Rather, they advocate using matrix thinking that acknowledges the simultaneous and mutually influential identity positions that an individual experiences relating to concurrent patterns of privilege and disadvantage (Collins & Bilge, 2016; Crenshaw, 1991, 2011; May, 2015; Smooth, 2013). Additionally, they argue that identity positions or social categories are not additive and therefore cannot be disconnected and analyzed separately from oppression (see Collins & Bilge, 2016; Crenshaw 1991, 2011; Lutz et al., 2011; May, 2015; Smooth, 2013; Wilson, 2013 for related supporting discussions). Connected to the interrelations of identity and social (dis)advantage, some theorizing of intersectionality has resulted in the argument that individuals who mobilize an intersectional perspective should also take a critical approach to the status quo, which includes reflecting on how identity categories have been given meaning through systems of power that contribute toward (dis)advantage (see Collins & Bilge, 2016; Crenshaw, 1991; Livingston, 2013; May, 2015; Smooth, 2013 for further related discussion). Further extending this complex orientation to identity in an intersectional approach, scholars warn that, though implicated, the construction of intersectionality as a theory of identity could be inappropriate and reductive (Collins & Bilge, 2016).

Given intersectionality's focus on (dis)advantage and challenging the status quo, several scholars theorize that an intersectional perspective must have a social justice orientation in which critical theoretical engagement is mobilized to support a more equitable world (Collins & Bilge, 2016; May, 2015; Smooth, 2013). In the context of my research, such an approach could promote a de-individualizing orientation to claims regarding 'deviant' parenthood. Several scholars have recently argued for the importance of such an orientation to addressing parental mental illness in families (see Biebel, Nicholson, & Wolf, 2015; Gladstone, Beardslee, & Diehl, 2015; Maybery, Reupert, Nicholdon, Göpfert, & Seeman, 2015; Nicholson, Wolf, Biebel, 2015b). Further links between key tenets of intersectionality, its characterization of identity, and my earlier discussion of deviant parenthood are particularly notable when considering the simultaneous identity positions allocated to parents (i.e., when parenthood intersects with marginalized sexuality, sexual identity, race, living with depression, etc.). For instance, how might intersecting positions in the context of claims to parenthood shape social evaluations of parents, and how might privilege and (dis)advantage be embedded in those evaluations?

Exemplifying this de-individualizing potential of intersectionality's orientation to identity and its possible socio-political value, Guthrie and Low (2005) argue that an intersectional approach could facilitate "conceptualizing the multifaceted and fluid interlocking processes associated with health disparities… among adolescents of color" (p. 8). Paralleling my discussion in the previous section, they allude to how this perspective could help nurses move past orienting to risky identity positions or social categorizations, such as race, as simple demographic variables linked to risk, and instead facilitate seeing the ways systems of power embedded in such social constructs contribute toward experiences, identifications, and understandings of health disparities (also see Collins & Bilge, 2016; May, 2015 for a supporting discussion of intersectionality). As such, through making more visible broader structures of power and their implication in the partitioning and reinforcement of inequity in health, Guthrie and Low (2005) highlight intersectionality's value in supporting a more upstream and de-individualized point of intervention regarding health disparities (i.e., pushing for social change by supporting counter-stories to the marginalizing constructions perpetuated through systems of power). Similarly, as I alluded to in an earlier discussion, Chapman and Bhopal (2013) demonstrate such a de-individualized orientation to "deviance" in their argument regarding the need to acknowledge

embedded privilege in the educational institutions that induce and perpetuate marginalization of Black mothers and their children.

Similarly, various scholars have supported de-individualized approaches to parental mental illness as valuable in conceptualizing 'interventions' (see Biebel et al., 2015; Maybery et al., 2015; Nicholson et al., 2015b). More specifically, they highlight how taking a multidimensional approach to intervention and prevention of adverse outcomes associated with parental depression should include contextualization of the experience (i.e., in the family, the community, social context, etc.) and also orienting to intervening at the level of barriers affected families might face in accessing resources. Based on the value of intersectionality in nuancing constructions of 'deviant' parenthood in the following section, I transition to a more elaborated justification for my focus on and positioning of parental depression as a component of intersecting variations in experiences of parenthood that are simultaneously socio-culturally and politically significant and marginalized.

1.2 When Being a Parent and Someone with a Mental Illness Collide

The marginalized position of parenthood as it intersects with depression can arguably be inferred from the common research focus on identifying ways parental depression connects to or places offspring at health and developmentally-related risks (e.g., Ashman & Dawson, 2002; Hay, Waters, Perra, Pawlby, & Sharp, 2010; Mechling, 2015; Paulson, Keefe, & Leiferman, 2009; National Research Council and Institute of Medicine, 2009), what has mediated these risks (e.g., Burge & Hammen, 1991; Compas et al., 2002; Goodman & Gotlib, 2002; Hammen, 1988; Hanington, Heron, Stein, & Ramchandani, 2011; Mustillo, Dorsey, Conover, & Burns, 2011; Nelson, Hammen, & Brennan, 2003; Sheeber, Davis, & Hops, 2002; Shelton & Harold, 2008; Silber & Rutter, 2002; Tartter, Hammen, & Brenna, 2014), deficits in parenting behaviour (e.g., Burge & Hammen, 1991; Davis, Davis, Freed, & Clark, 2010; Hammen, Brennan, & Le Brocque, 2011; Hammen, Burge & Adrian, 1991; Lyons-Ruth, Lyubchik, Wolfe, & Bronfman, 2002; National Research Council and Institute of Medicine, 2009; Paulson, Dauber, & Leiferman, 2011; Radke-Yarrow & Klimes-Dougan, 2002; Valdez, Shewakramani, Goldberg, & Padilla, 2013), and possible interventions (e.g., Beardslee, 2019; Beardslee et al., 1997; Cuijpers, Weitz, Karyotaki, Garber, & Andersson, 2015; Focht & Beardslee, 1996; Gladstone & Beardslee, 2002; Gunlicks & Weissman, 2008; Lyons-Ruth et al., 2002; Tartter et al., 2014). What's more, explicit

indication of a disjunct between parenthood and depression can clearly be seen in the academic literature in such statements as:

> Depressed individuals are likely to be withdrawn, unresponsive, irritable, and impatient. In the maternal role, such symptoms are likely to impair the woman's ability to offer support, concern, and attention to the child. […] If the child is also experiencing stressful circumstances, he or she is especially likely to need such support to buffer the effects of the stressors. (Hammen et al., 1991, p. 344)

Supporting the contention of depression resulting in its incongruity with parenthood, Gotlib and Goodman (2002) argue:

> Many of the symptoms of depression are incompatible with, or preclude, good parenting. Thus, feeling sad or blue, experiencing loss of interest or pleasure in one's usual pursuits, loss of energy, low self-esteem, poor concentration, indecisiveness, and hostility and irritability all make it difficult for parents to be responsive to the needs of their children and to be good role models for healthy social and emotional functioning. (p. 4)

The questioning of parental access to positive parenthood in the context of depression can be further brought to light in Gotlib and Goodman's (2002) concluding summary of their edited book on the topic of parental depression in which they overview patterns across the authors' contributions: "[O]verall, these authors [from several chapters in the book] offered strong support from several perspectives for the thesis that maternal depression affects the quality of parenting, increasing children's vulnerability for the development of psychopathology" (p. 309). Such an entry is not only poignant in its clarity, but the weight of the claim is reiterated through the implied group consensus.

As such, an assortment of areas have been specified by researchers as of risk for offspring of parents with depression, which could bring into question their position as "good enough" parents. Harkening back to my discussion of silencing marginalized parenthoods more generally, many scholars caution that an apparent propensity toward focusing on individual risk and impact can decontextualize experience and make relatively invisible broader issues that could contribute

to parenting experiences and have implications for offspring (see Olsen & Clarke, 2003 for a general discussion of the social disadvantaging of parents with a disability, a category in which they included depression). Before going into greater depth in problematizing the marginalization of parents with depression and to provide further clarity on this critical reflection, in the next section I briefly cover the overall tone associated with parental depression specifically, and depression more generally, as presented in the academic literature.

1.2.1 Parental depression across the academic literature: A story of risky parenthood. Risk orientation to parental depression has included a possible association with cognitive development and related vulnerabilities among offspring (Evans et al., 2012; Hayden et al., 2013a). Evans et al. (2012) found that the offspring of mothers with postnatal depression had lower IQ scores than other offspring. Given that some scholars have found that offspring having a higher IQ can be protective for offspring of parents with depression (Pargas, Hammen, Brennan, & Le Brocque, 2010), this risk of lowered IQ becomes an important and complex point of consideration. With regard to a more general notion of cognition, researchers have argued for the existence of a relation between maternal depression and an overall more negative cognitive orientation (Gotlib, Joormann, & Foland-Ross, 2014), including but not limited to issues in self-esteem, self-concept (Hammen, 1988, 2002; Jaenicke et al., 1987), attentional biases (Kujawa et al., 2010), and attributional styles (Jaenicke et al., 1987). For instance, scholars have found that an attentional bias might partly explain the gender differences in depression as evidenced in female offspring's greater orientation to sad stimuli (Kujawa et al., 2010). Yet, Hammen (1988) also claims that negative outcomes related to cognition are not necessarily uniquely linked to having a mother with depression, but more to a shared association of problematic parent-child interrelating.

Although researchers have linked maternal depression to cognitive disturbances in offspring, maternal depression has also been positioned as not adequate in accounting for possible negative outcomes (Hammen & Brennan, 2001). Rather, there are complexities in the context of the experience of maternal depression that might mediate or moderate the risk to cognition. Supporting this more refined construction of the claimed relation, Kurstjens and Wolke (2001) implicate timing and chronicity: "Adverse effects of maternal depression on cognitive development were only found in lower-SES boys and neonatal risk-born boys if the depression started early and was severe and chronic" (p. 633). This notion of the significance of

the timing of the depression, as well as possible relevance of economic position of the family in question, also came up in Sharp et al.'s (1995) study, in which they note that the 12 months following birth might be particularly sensitive regarding the impact of postnatal depression on offspring's (in this case specifically boys') intelligence scores. The researchers affirm this finding particularly in the context of offspring from blue-collar families. Petterson and Albers (2001) report an impact of maternal depression at a slightly later age (28-50 months) in their finding of higher income resulting in less risk but add gradation by arguing that severity of depression could also relate to cognitive risk.

The cognitively related issue of language development in offspring of parents with depression has also attracted researchers' attention. For example, Paulson et al. (2009) demonstrate that paternal depression, in particular, is negatively related to reading to one's child, and, as such, the development of expressive vocabulary – the researchers did not include receptive language abilities. Similarly, in relation to associative learning, Kaplan, Bachorowski and Zarlengo-Strouse (1999) found that the speech of women with symptoms of depression to their infants did not promote expressive learning. Supporting the claims of scholars who have found that child outcomes might be particularly related to parental depression that is non-remittent, Quevedo et al. (2011) found that "the children of mothers who experienced persistent depression had lower averages on the language scale than those children who were exposed to depression only at one time point or not at all" (p. 423).

Maintaining a focus on the "mental" realm of influence, several research teams report an association between parental depression and offspring depression (Hirshfeld-Becker et al., 2012; Murray et al., 2011), as well as other forms of psychopathology (Kane & Garber, 2004), such as anxiety (National Research Council and Institute of Medicine, 2009; Weissman et al., 2006; Wickramaratne & Weissman, 1998). For example, Wickramaratne and Weissman (1998) found that parental depression relates to greater risk of anxiety disorders, and major depression that has its roots in childhood. Peisah, Brodaty, Luscombe, and Anstey (2004) support this indication of greater risk of anxiety, but also found an increased risk of substance-related issues. Adding offspring gender to the discussion, Morris, McGrath, Goldman, and Rottenberg (2014) reported that girls were at greater risk for persistent depression and Mechling (2015) and Morris et al. (2014) similarly link parental depression to enduring lower psychosocial well-being. When the offspring of parents with depression do experience depression, Timkos, Cronkite, Swindle,

Robinson and Moos (2009) indicate that they tend to have more severe presentations than their peers with depression with a non-depressed parent. Yet, Timko et al. (2009a) specify that parental depression might not cause further risk to offspring with the disorder, but "[i]nstead, having grown up with a depressed parent strengthened the association between offspring's depression and some of the secondary deficits of depression" (p. 584). Further, Caplan, Cogill, Alexandra, Robson and Kumar (1989) found that, according to mothers with depression, a greater amount of not only emotional, but also behavioral issues were present among offspring. At the same time, Caplan et al. (1989) demonstrate that other related aspects of the environment, such as marital conflict and psychiatric issues experienced by the other parent, might be implicated in their results, perhaps even accounting for a large portion of the variances. For instance, though acknowledging the occurrence of a relationship between maternal depression and problematic child behaviour, Caplan and colleagues (1989) state that "other associated factors, which constitute an important part of the child's environment, appear to exert more powerful effects" (p. 821)

It also appears that even depression during pregnancy can confer risk to offspring in terms of behavioral outcomes. Hay and colleagues (2010) reported that antenatal depression was related to a "twofold risk for antisocial outcomes, and a fourfold risk for violent behavior, even when alternative explanations were taken into account" (p. 160). Further supporting this notion of conferred risk of aggression related to parental depression, Keenan-Miller, Hammen and Brennan (2010) found that aggression among offspring at the age of 20 years was associated with maternal depression that occurred five years prior. At the same time, the authors stated that this relation was mediated through the offspring's experience of the same disorder as their parent. Though other scholars have indicated that severity of depression is related to the particular measures used to assess offspring outcomes, West and Newman (2003) found that "there is a relation between commonly experienced milder forms of parental distress and children's behavioural styles […] and that the difficult behavior displayed by children may be directly related to kinds of symptoms parents experience" (p. 151).

The links between parental depression and offspring outcomes are not restricted to areas that might be categorized simplistically in the domains of "mental" or "emotional" well-being. For example, Timko et al. (2009b) found that offspring demonstrating depression had a greater

number of medical issues and pain than similar offspring of parents without depression. Raposa, Hammen, Brennan, and Najman (2014) also argue that:

> Poor childhood physical health is one pathway by which maternal depression affects youth depression in young adulthood […] that ongoing stress related to physical health and poor social functioning in young adulthood are two mechanisms by which childhood physical health affects later youth depression […] [and] maternal depression is associated with a number of offspring health problems during early childhood. (pp. 91-92)

One area that has lent itself to hypothesizing and exploring relations between depression, and "physical" and "mental" realms lies in neurology/neurobiology. More specifically, numerous research teams link neurological abnormalities, whether that be in structure and/or function, to the experience of having a mother with depression (see Ashman & Dawson, 2002; Foland-Ross, Behzadian, LeMoult, & Gotlib, 2016; Foland-Ross, Gilbert, Joormann, & Gotlib, 2015; Gotlib & Goodman, 2002; Gotlib et al., 2014a, b for examples of such research). Providing such a demonstration of interrelation, Gotlib and colleagues (2014b) found that daughters tended to have telomere that were shorter in length than their counterparts. The research team then linked telomere length to stress responses. Brannon, Updegraff and Feist (2017) define telomere as "a region of repetitive nucleotide sequences that appear at each end of a chromosome [.. and] serve as a protective cap that prevents a chromosome from deterioration" (p.131). By extension, they state that "telomere length can be a useful measure of cellular aging" (p. 131). Similarly, Field (2002) determined that, in the context of maternal depression, elevated stress hormones such as cortisol and norepinephrine were notable in offspring in a short elapse of time after birth. Further, Foland-Ross et al. (2016) made a related link between the processing of "mood related content" and abnormalities in offspring's "fusiform and inferior temporal and lateral occipital gyri," (p. 6) the latter being evident in offspring of parents with depression. More specifically, they linked such abnormalities with intrafamilial risk of depression. They reasoned that a potential explanation for this relationship with neural abnormalities and depression risk is related to the particular neurological regions in question being "important to the processing of mood-congruent valanced material" (p. 9). Issues regarding emotion regulation among offspring have also been

linked to neurological abnormalities based on inappropriate levels of developmental stimulation and modeling:

> First, a depressed mother may not provide a positive role model for emotional expression and may not facilitate emotion regulation through sensitive and responsive caretaking. Second, the mother's depressed behavior patterns may influence emotional regulation development by modulating the psychobiological system that mediates the expression and regulation of emotion. (Ashman & Dawson, 2002, p. 42)

Reflecting on this brief overview of the academic literature related to parental depression, evidence seems to indicate that affected parents, primarily mothers, are academically and socially situated as deviant from the "model parent." Consequently, given what seems to be a focus on deficiency related to identity deviance, they appear to face the burden of proving their suitability for parenthood.

1.2.2 Complicating outcomes: Problematizing an individualized focus and potential negative identity implications of a preoccupation with impact and risk. Many research teams, based on their claims to links between parental depression and negative outcomes, argue for greater screening of parents for mental illness, as well as for further intervention (see Caplan et al., 1989; Evans et al., 2012; Grace, Evindar, & Stewart, 2003; Hall, 1997; Hayden et al., 2013a; Hirshfeld-Becker et al., 2012; Murray et al., 2011 for examples). Supporting this approach, others argue that intervention could mitigate some of the risks associated with parental depression (Beardslee et al., 1997; Cuijpers et al., 2015; Gunlicks & Weissman, 2008). Potential interventions have varied from clinician-guided sessions focused on information provision, to family therapy aimed at constructing shared meanings of experience/s (Beardslee, 2019; Beardslee et al., 1997; Cuijpers et al., 2015; Focht & Beardslee, 1996). Researchers further argue that interventions should not only be individualized and focused only on the parent, but also more family-oriented (Focht & Beardslee, 1996; Hall, 1997; Hayden et al., 2013a; Phares, Duhing, & Watkins, 2002). Similarly, several scholars argue for intervening at the level of possibly deficient parenting skills, so as to create a healthier environment for the child, while educating parents on the potential implications of parental depression for the offspring (Brennan, Brocque, & Hammen, 2003; Goodman & Gotlib, 2002; Hammen, 2002).

In a more nuanced take on intervention, Hammen and Mazure (2003) claim that "significant interactions of stress variables and maternal depression indicated that when family discord was low, there was little difference in depression rates among offspring of depressed and nondepressed mothers" (p. 999). Rather, it has been argued that interventions should orient more broadly to the circumstances that contribute to a parent with depression being constructed as a potentially risky situation (see Burge & Hammen, 1991; Gershon et al., 2011; Hammen, 2002; Hammen et al., 2011; Hammen, Brennan, & Shih, 2004a; Hammen et al., 1991; Hammen, Shih, & Brennan, 2004b; Silber & Rutter, 2002 for related discussion). Supporting this critical complexity, Garber and Martin (2002), despite their own claims to the negative implications of parental depression, caution that "[i]t is important to keep in mind, however, that parental depression is only a marker of risk, like socioeconomic status and sex, and is not a causal explanation in and of itself" (p. 143). Similarly, scholars highlight the importance of addressing contextual stress, particularly interpersonal stressors, such as marital discord and insufficiently attuned parenting, that might coincide with a family member having depression (see Ashman & Dawson, 2002; Field, 2002; Hammen, 2002 for related arguments). A vicious cycle can occur in which a stressful contextual experience can exacerbate depression, which can then contribute to further stress (see Burge & Hammen, 1991; Hammen et al., 1991; Hammen, Hazel, Brennan, & Najman, 2012). Some scholars reason that without associated mediating risks, the parent's depression might have a relatively negligible association with greater adversity among offspring, or at least not being able to account for such outcomes on its own (Hammen et al., 2004a; Hammen & Goodman-Brown, 1990; Hammen et al., 2004b).

Ramchandani and Murphy (2013) advise against the temptation to make an assumption of causation in terms of the research on parental depression and "outcomes," particularly given the prominence of correlational research in this area of study and the multiple possible mediating and moderating "factors" impacting the relationship. For instance, though maternal depression might be linked to higher rates of offspring experiencing disorders related to substance abuse later, this relation was found to be mediated by the offspring's history with problematic externalization (Tartter et al., 2014). In light of this added detail, Ramchandani and Murphy's (2013) caution becomes particularly relevant when considering preventative measures regarding risk. For instance, Tartter and colleagues (2014) suggest such practices as facilitating the development of parenting skills that can help address issues of externalization among offspring promptly, so as to

mitigate later substance-related risks (also see Hammen et al., 2011; Nicholson et al., 2015b for further discussion of parenting experiences/skills and the value of related supports/interventions). Further, when offspring perceive their parents as less controlling psychologically, and their mother as less overinvolved emotionally, they fare better, again indicating parenting as a possible point of intervention (Brennan et al., 2003; Compas et al., 2002). The link between maternal depression and offspring's later susceptibility can also be mediated by paternal issues regarding substance abuse and depression (Brennan et al., 2002). Hall (1997) adds to this critical consideration of risk mediation and characterizations that link parental depression with offspring outcomes, stating:

> that it is difficult to study the direct emotional effects of psychiatric illness on children as it may not be possible to separate them from indirect effects of the illness, such as marital disharmony, separations due to hospital admissions, unemployment and social disadvantage. […] The child's response is often non-specific […] and the long-term effects clearly vary according to the child's history, maturity and his social support. (p. 25)

Some scholars discuss the possible bidirectional influence between parent and child in shaping experiences and meaning of parental depression (see Fjone, Ytterhus & Almvik, 2009; Gladstone et al., 2014); a parent's depression might relate to health risks for the child, and child's health might also impact the parent in ways that reinforce depression (Raposa et al., 2014). As such, though parental depression might be associated with a higher rate of health issues in offspring, which might later place them at risk for depression, their health can also influence the parent's emotional well-being (Raposa et al., 2014). Exploring more explicit implications of the child/offspring in a reciprocal and mutually defined relationship, researchers have acknowledged the agency of offspring as active rather than passive in environmental processing of their experiences and surroundings, including in contexts of parental depression (Fjone et al., 2009; Garber & Martin, 2002; Gladstone et al., 2014). Offspring who experience relational difficulties at school, possibly even influenced by in-home modeling, might be at particular risk involving the influence of a parent with depression (Gershon et al., 2011). Given that school stress seems to be a differentiating factor between daughters of mothers with depression who either did or did not

acquire a psychiatric illness, addressing school-related tensions becomes another alternative point of intervention beyond a singular focus on the parent (Gershon et al., 2011).

1.2.3 Theorizing identity implications of parental depression. Yet, even in covering points of mediation as possible areas for intervention, the focus still largely seems "individualized" rather than oriented to the contributions of broader socio-cultural and political structures. Such an individuating focus on identifying negative implications of parental depression for the parent's ability to parent and their child(ren)'s subsequent life outcomes is not benign. Rather, this orientation could have negative identity implications at multiple levels. In this section, I extend the above discussion by arguing that researchers' focus on structuring vulnerability of offspring risks constructing offspring of a parent with depression as victims (see Gladstone et al., 2006; Mordoch & Hall, 2002; Olsen & Clarke, 2003; Ramchandani & Murphy, 2013). Victim-positioning can be further examined by considering the intersections of academic literature specific to parental depression, as examined in the previous section, in conjunction with my earlier discussion of constructs of child(ren/hood) and parent(hood) in Western culture.

Many researchers have conducted explorations related to victim labelling in a range of contexts that consider how it has been imbued with cultural meaning (both valued and not), and the ways the meaning of each victim label has been used (Leisenring, 2006; McCaffrey, 1998). First, it is important to note that the victim label can and has been mobilized to deflect problematic or arguably misplaced blame, receive sympathy, or designate a lack of control within the context of victimization (Leisenring, 2006). Though scholars claim that victim status is not necessarily positive or negative, they also demonstrate how some women have identified the label as also carrying feminized connotations of weakness, vulnerability, and passivity–traits that can be considered culturally devalued (Leisenring, 2006; McCaffrey, 1998). Hunter (2010) found that some individuals who had experienced childhood sexual assault very strongly reject the victim position, with some claiming that, being referred to as a 'tart' would be preferable, which is a significant indication of possible identity implications of the former given the negative connotation of the latter. Overall, a victim label has not always been considered by potential users as benign; victim-labelling has been mobilized as useful, resisted and rejected as harmful, or employed in more fluid ways (Hunter, 2010; Leisenring, 2006; McCaffrey, 1998). As such, research that seems to implicitly or explicitly construct an orientation toward parental depression

and victim discourses could miss complexity in the meanings that are made, as well as contribute to undesirable identity repercussions.

Expanding further on possible identity implications of victim discourses, in Hunter's (2010) investigation of childhood sexual assault, a participant talked about not feeling significantly impacted by the experience until discussion of said impacts began circulating more publicly; the author states that "[a]s media discussions of the impact of child sexual abuse on its victims increase, they [the participants who had experienced child sexual abuse] began to question their own narratives" (Hunter, 2010, p. 182). By referencing this feature of Hunter's (2010) data, I do not mean to suggest that the individual(s) did not experience distress and negative outcomes or that their re-evaluation was not valid or warranted. Rather, I am using this illustration to show how discourses of deficiency and 'impact' can (re)shape accounts, regardless of how that (re)shaping is evaluated.

How apparent cultural "highlighting" of deficiency might influence offspring accounts of experiences of their parent(s) with depression can be extrapolated from Pyke's (2000) research on Korean and Vietnamese immigrant offsprings' accounts of experiences with their parents more generally. In Pyke's project, a disjunction is evident between the ways the parents parented, as described by their offspring, and the offspring's 'desires' for their parents. The offspring highlighted this disconnection and identified deficits in their own experiences by comparing them to those of their peers, whose parents were not immigrants, as well as to representations on TV:

> The family ideology subtly yet powerfully influences the children of immigrants, infiltrating their subjective understanding of and desires for family life. […] When discussing their relations with parents and their upbringing respondents used the Family ideology [of the 'normal American family'] as a standard of normal families and good parents, leading them to view their immigrant parents as unloving, deficient, and not normal. (p. 252)

As Pyke suggests, the disconnection that the researcher indicated could have been related to cultural differences in ideals of parenting. Pyke also found that the offspring were critical of their parents for not having taken on the values of American culture, such as in cultural orientation to psychological health and affective expression. In essence, it seems that the parenting behaviour does not necessarily have an inherent meaning; rather, meaning might be

made through the ways of knowing made available to the offspring. In this case, a comparison to the 'ideal American family' seems to relate to a learned account of experiential deficits among offspring (see Pyke, 2000).

Similarly, if offspring of parents with depression have been provided by researchers and the public with accounts of deficits or negative impacts (whether through the positioning of the offspring as a victim/vulnerable or as resilient), their own accounts could be influenced to attend to the ways their depressed parent's parenting was deficient and how they have, therefore, been adversely impacted (see Reupert & Maybery, 2015). Negative evaluations could also have consequences for their parents' identities as parents (i.e., as deficient). Though this negative framing is prevalent, it is not the only way that meaning can be made of parental depression by offspring, parents, and others, since as previously noted, victim discourses cannot be assumed to be beneficial or benign (see Hunter, 2010; Leisenring, 2006; McCaffrey, 1998 for more engagement with the victim position). With the focus on identifying the repercussions of parental depression for both parenting and offspring outcomes, including inadvertently being implicated in negative outcomes, parental depression seems to be socially risky with possible negative implications for parental identity.

1.2.4 "What do you get when you cross depression with parenthood?" The possible implications of accounts of parental depression for how individuals construct their own claims can be observed in relation to research on stigma surrounding postpartum depression (PPD). Mickelson et al. (2016) argue that "perceptions of stigma related to PPD symptoms are primarily impacting new parents' PPD symptoms by decreasing their feelings of competence as parents," (pp. 9-10) and that "it appears that stigma related to their PPD symptoms make them [the parents] question their capabilities to parent successfully" (p. 10). As such, the social construction of parental depression could hypothetically have repercussions in the context of parental depression by shaping parental access to a positive parental identity. Such identity implications can impact not only how the parent views themselves, but also how they engage with and are engaged by others. Yet, cycling back to the value of intersectionality in theorizing identity when considering possible implications of how discussions surrounding parental depression are shaped and influenced, it is important to note that parents with mental illness engage and are categorized into a diversity of identity positions beyond simply "parent" and "person with depression."

1.2.5 Gender. For the most part, research on parental depression has focused on maternal depression, arguably de-emphasizing paternal depression and reinforcing stereotypic discourses of 'mother-blaming.' Though I caution that this relative myopic view can be problematic, researchers' focus on mothers is not surprising, given gendered constructions of both depression (WHO, 2012) and parenthood (Wall & Arnold, 2007). First, women are diagnosed with depression more frequently than men (WHO, 2012), which could make it more likely that a mother has such a diagnosis than a father. Second, the topics of parenthood and parenting continue to be gendered (Wall & Arnold, 2007), despite anecdotal claims to broad social changes in notions of gender and gender roles. For example, Wall and Arnold (2007) contend that parenting roles have been presented in the media as gendered – i.e., the mother as taking a 'more central' role relative to the father. More specifically, mothers are often constructed as the primary caregiver, particularly regarding the child's socio-emotional needs; role divisions tend to align with stereotyped femininity and masculinity in which women are situated as more emotionally expressive (Siltanen & Doucet, 2008; Wall & Arnold, 2007). Further, this gendered divide in parental responsibilities is imbued with and influenced by cultural beliefs and values that uphold the image of the hetero-normative family as the ideal against which parents are socially evaluated (see Few-Demo et al., 2016; Haines et al., 2014 for further discussion of the intersections of gender identification and sexual orientation with parenthood and related risks of social devaluation of these parents). Stated differently, if the "ideal" family requires a mother and father, the implication seems to be that each plays a gendered parental role that another familial combination could not satisfactorily replace.

As previously mentioned, offspring and parents do seem to orient toward reinforcing dominant ways of knowing, such as constructing parental depression as deficit. However, their claims have also provided some nuance. Adding complexity to the discussion of parental depression opens space for problematizing a focus on the individual as the subject of research and mitigates the risk of missing the broader socio-cultural contexts implicated in depression and its intersections with parent(hood) (see Olsen & Clarke, 2003; also see Hine et al., 2018a, b). In the section(s) that follow, I engage with offspring and parents' accounts of parental depression.

1.3 Offspring's Contributions to the Discussion of Parental Depression

Some scholars have noted an apparent absence of offspring accounts in discussions of parental depression (see Mordoch & Hall, 2002), though such scholars as Gladstone (2015) and

colleagues (2006; 2011; 2014) have contributed to a growing body of research addressing this gap. Such omissions could reinforce the dominant Western associations among childhood, passivity and relative subordination, raised earlier (see Barrett Meyering, 2016; Gittins, 2004; Siltanen & Doucet, 2008; Tosi, 2016; Wilkie-Stibbs, 2008; Wyness, 2006 for further critical engagement with constructions of child and childhood). Scholars who have integrated more in-depth offspring accounts into discussions of parental depression have added a great deal of complexity to the storying of parental depression.

Offspring have discussed the ways they were negatively impacted by parental depression (e.g., Ahlström, Skärsäter, & Danielson, 2011; Foster, 2010; Meadus & Johnson, 2000; Norman et al., 2004; Trondsen, 2012; Van Parys, Bonnewyn, Hooghe, De Mol, & Rober, 2015; Van Parys, Smith, & Rober, 2014). For example, they have taken on greater responsibility, which some have critiqued as taking on a parenting role (Ahlström et al., 2011; Foster, 2010; Gladstone et al., 2014; Meadus & Johnson, 2000; Van Parys et al., 2015; Van Parys & Rober, 2013). Some offspring have constructed their increased responsibilities as having contributed toward growing up quickly and being disconnected from one's own feelings (Foster, 2010; Van Parys et al., 2015).

They have also talked about experiences of isolation, loneliness, stigma and silence regarding parental depression (Ahlström et al., 2011; Fjone et al., 2009; Focht & Beardslee, 1996; Foster, 2010; Meadus & Johnson, 2000; Tanner, 2000; Trondsen, 2012; Trondsen & Tjora, 2014; Van Parys et al., 2014). In some instances, offspring have claimed self-silencing about parental depression (including of their own related concerns) having inferred that silence is the preferred orientation of the parent (Ahlström et al., 2011; Van Parys & Rober, 2013). Another common theme is frustration and concern regarding uncertainty surrounding the parent's experience and not having access to relevant knowledge or understanding (Foster, 2010; Meadus & Johnson, 2000; Norman et al., 2004; Trondsen, 2012). Further, offspring have talked about stigma (including teasing by peers) and shame as predominant in general discussions of parental mental illness and/or depression (i.e., as being conveyed by the public and/or peers; Fjone et al., 2009; Foster, 2010; Meadus & Johnson, 2000; Tanner, 2000; Trondsen & Tjora, 2014). This perceived stigma could be intertwined with what Trondsen (2012) described as demonstrated 'awareness' by offspring of their position of risk (i.e., that they are a genetically vulnerable group), and other scholars indicate that children communicate fears surrounding their own

vulnerability to mental illness (Forjone et al., 2009; Trondsen & Tjora, 2014). Trondsen and Tjora (2014) further highlighted how offspring discuss engaging in silence related to parental depression as a means to reduce their own and their family's social positioning as deviant/abnormal and resultant identity implications (i.e., shame and stigma; also see Fjone et al., 2009). Such accounts seem to highlight the challenges and risks of being offspring of a parent with depression.

At the same time, Kaimal and Beardslee (2010) have shown that some offspring have adopted a relatively ambivalent stance that moves beyond a focus on the impact of parental mental illness on themselves. Similarly, though some offspring have talked about not always having received desired support from their parent(s), in step with the dominant pathologizing story, some also discussed how they received valuable support from other individuals (Van Parys et al., 2014). Offering a counterpoint to childhood passivity, some scholars found offspring using various means of coping with challenges that might arise in the context of parental depression (Foster, 2010; Mordoch & Hall, 2008; Trondsen, 2012; Van Parys et al., 2015; Van Parys & Rober, 2013; Van Parys et al., 2014). For instance, some offspring negotiated dynamic inter-relational distance (i.e., physical and emotional) from the parent and/or engage in social isolation, to gain space for their own self development (Fjone et al., 2009; Mordoch & Hall, 2008; Trondsen, 2012; Van Parys et al., 2015; Van Parys et al., 2014). Maintaining an orientation to offspring agency, in taking on responsibilities (i.e., parentification), researchers have specified not only that these responsibilities were not usually constant, but that caring could also be a way of coping that might hold personal value (rather than simply being an inappropriate level of responsibility; Gladstone, 2015; Trondsen, 2012; Van Parys et al., 2014).

In a related autoethnographic account, Tanner (2000) denotes the influence of perceived public judgments on how she storied her experience of her parent's mental illness. For example, in her self-reflective exploration, she theorized that shame experienced by offspring might be more a result of the offspring's sensitivity to perceptions of social evaluations of their parent as opposed to anything the parent does directly (Tanner, 2000). Other scholars exploring children's accounts seem to similarly situate such experiences as stigma, shame, and silence related to parental mental illness among their children as the result of sensed public perceptions and evaluations of their family and themselves (i.e., as deviant or abnormal) due to their parent's mental illness (see Fjone et al., 2009; Trondsen & Tjora, 2014). Relatedly, Trondsen and Tjora

(2014) described how the creation of an online peer group for adolescents of parents with a mental illness helped offspring reduce a sense of abnormality and isolation, and re-evaluate some aspects of their experiences and identity (i.e., in such a way that created a greater sense of hope, connection, and openness related to the experience). For instance, they argued that "the adolescents' use of the online self-help group to share experiences, emotions, thoughts, and advice contributed to reframing their situation from hopelessness to hope for their future and stimulating more active managing of their family situation" (p. 1412). Given this potential contribution to re-negotiating the implications of having a parent with a mental illness for their sensed social identity, such groups were also discussed as having helped reduce the adolescents' overall silence surrounding parental mental illness, including outside of the groups. Thus, offspring may cite diverse sources, such as public discussions surrounding, and perceived social evaluation of, parental mental illness and affected individuals, in their processes of related meaning-making (also see Foster, 2010; Meadus & Johnson, 2000 for further engagement with offspring accounts).

Though most scholars in the work I reviewed constructed challenges associated with parental depression, some also provided glimpses of more 'positive' accounts among offspring. For instance, Kaimal and Beardslee (2010) demonstrate that some offspring accept their situation (i.e., of having a parent with a mental illness), claiming a nuanced orientation to the experience of having been "influenced by the illness but not defined or constrained by it" (p. 1217). Though offspring have discussed the ways they might have been negatively impacted by parental mental illness, a few also included the ways the parent contributed positively to their lives (Foster, 2010; Mordoch & Hall, 2008; Van Parys et al., 2014). For example, even in the context of challenges, offspring have discussed how some of their 'positive' self-attributed qualities, such as learned problem solving skills and independence, and having an interesting personality that they value, might be at least partly attributable to their experience of having a parent with a mental illness (Foster, 2010; Mordoch & Hall, 2008; Van Parys et al., 2014). Further, Fjone and colleagues (2009) described how some children, despite discussion of difficulties, constructed themselves as "proud of their parents and do not want to present them in an unfavorable way. They look upon their situation as normal and abnormal at the same time" (p. 471), indicating complexity in their meaning making regarding experiences of parental mental illness. The same research team also highlighted the agentic position children demonstrated in negotiating meaning and social

implications related to parental mental illness, while also allowing space for acknowledgement of experienced vulnerability: "Our respondents presented themselves in ways that would help them to avoid stigma and self-stigmatization, and to be viewed as 'normal' while living with parents suffering from mental health distress" (p. 474).

Such glimpses of 'positivity,' do not negate the challenges and negative experiences associated with parental depression; most researchers conclude that parental depression is a context of adversity, challenges, risk, and negative outcomes. My intention is simply to exemplify complexities in the storying of parental depression that "surface" when there are multiple contributors to the discussion, in alignment with arguments by such scholars as Gladstone and colleagues (2014). In sum, accounts focused mainly on negative implications have not done justice to that discursive complexity, which underscores the importance of considering how parental depression is storied by diverse social actors, as shown in the next section on parental accounts.

1.4 Parental Accounts of Parental Depression

Research has demonstrated that parents who have a mental illness similarly story parental shortcomings, including casting their children as deviating from those whose parents have not experienced a mental illness (Galasiński, 2013; Hall, 2006). For example, Galasiński (2013) states that fathers with mental illness saw themselves as "failed fathers" who fell short of being a "good father" (p. 84). In a study on mothers with depression, Hall (2006) found that mothers similarly judged themselves as deficient parents. Mowbray et al. (1995) show that some mothers with mental illness identify with lack of control and discipline and relying excessively on offspring. Festen et al. (2014) note that some parents find their offspring to be "more sensitive, anxious, sad, emotional, cry more often, are easily upset, insubordinate or have trouble in school" (p. 7), though the authors note that a direct association with parental mental illness was not always clearly and explicitly made. Rather, in some cases, parental mental illness was constructed by parents more so as influencing familial quality of life.

Another common theme across parental accounts of depression includes parents constructing experiences not only of stress, but also a lack of support (Hall, 2006; Hayden, Connelly, Baker-Ericzen, Hazen, & Horwitz, 2013b; Letourneau et al., 2007; Mowbray et al., 1995; Olsen & Clarke, 2003). As briefly covered earlier, Olsen and Clarke (2003) contend that parenting has been less 'accessible' to parents with a disability; such resources were not

necessarily different than for parents without a 'disability,' but rather that issues of accessibility were paramount. Some mothers feel a lack of emotional support (Buultjens & Liamputtong, 2007; Hall, 2006). Other barriers discussed by Olsen and Clarke (2003) include the individualized focus of service and treatment providers. Problematizing a focus on intervention, Olsen and Clarke (2003) add that providers may fail to account for the parenthood of their clients. Similarly, Hine and colleagues (2018b) emphasised that social workers "need to embrace and transmit a strength-based, trauma-informed approach that is informed by a gendered framework that differentiates the needs and experiences of women who are mothers" (p. 1273) in the context of maternal mental illness. In doing so, they highlight the multiple and complex intersecting disadvantages experienced in the context of maternal mental illness and that this multiplicity should inform mental health resources. Jeffery and colleagues (2013) described some parents with a mental illness as constructing a lack of needed supports. Quantifying the lack of support for parents with depression, Mowbray et al. (1995), who studied mothers with a mental illness, specify that:

> nearly a third (29.2%) had problems paying the rent, 37.5% had trouble paying gas or electric bills, and 20.8% had trouble buying food. Nearly half (47.8%) indicated it was hard to manage money. The mothers felt bad about their inability to provide for their children financially. (p. 3)

However, some researchers question whether offspring of parent(s) with depression diverge so sharply from their peers whose parents do not have depression. For instance, when it comes to the possibility of a child assuming a caretaking role when a parent is ill, some claim that a portion of ill parent(s) have constructed the role-reversal of 'young-carer' as low in personal applicability, though there was variability among parents (Aldridge, 2006; Olsen & Clarke, 2003). This role-reversal was seen as running the risk of differentiating affected children from peers (i.e., due to elevated levels of responsibility and maturity). Olsen and Clarke (2003) argue against this claim of greater maturity among offspring of a parent with a disability (i.e., due to increased responsibility).

Parents, too, have troubled some of the circulating deficit models and hinted at potentially more 'positive' accounts of parental mental illness. For example, in one study by Mowbray et al. (1995), researchers demonstrated that mothers with mental illness evaluated their children as

average or above in terms of various markers of school performance and certain measures of social interrelating. In Galasiński's (2013) study, which relied on paternal accounts of mental illness, some fathers discussed offspring rejecting them, while a few also talked about offspring who showed compassion. Though parental accounts of deficits in parenting occurred in some analyses, others, such as Mowbray and colleagues (1995), found that, despite contexts of significant mental illness, some mothers communicate a level of satisfaction and personal significance in parenting (also see Hine et al., 2018b). They talked about parenting having had positive influences on their lives, acting as a catalyst for productive change that helped them stay "off the streets" (p. 4; also see Hine et al., 2018b).

Yet, overall, the topic of parental depression has frequently been seen as a taboo and shameful by parents as reported in the literature (see Festen et al., 2014; Focht & Beardslee, 1996; Galasiński, 2013). Similarities between parental and offspring socially negotiating accounts of parental depression, the issues of silence and secrecy, shame and stigma, have all come up in parental discussions of their mental illness (see Festen et al., 2014; Focht & Beardslee, 1996; Galasiński, 2013; Hall, 2006; Hine et al., 2018b; Tanner, 2000 for instances of implicating silence, secrecy, shame and/or stigma in parental mental illness). Olsen and Clarke (2003) highlight that some parents with disabilities (including depression) felt a sense of negative judgement, including by professionals, particularly toward their role as a parent. Citing the possible consequences of such perceived judgment, Festen et al. (2014) found that some parents with mental illness discussed stigma and shame as barriers to participating in potentially helpful activities, such as a preventative study.

Problematizing how others might negatively judge or evaluate parents and/or offspring (i.e., stigmatization) appears to be common across offspring and parental accounts of parental depression (Festen et al., 2014; Focht & Beardslee, 1996; Foster, 2010; Galasiński, 2013; Hine et al., 2018a,b; Hall, 2006; Letourneau et al., 2007; Meadus & Johnson, 2000; Tanner, 2000). Such judgments could have identity implications for both parents and offspring, by shaping how they story their experiences individually and in broader social interactions (see Reupert & Maybery, 2015).

Perhaps unsurprisingly, then, researchers have demonstrated that some parents struggle with and, in some cases, opt out of disclosure (Festen et al., 2014; Focht & Beardslee, 1996; Galasiński, 2013; Jones et al., 2016; Pihkala & Johansson, 2008). Indeed, some parents have

justified restricting disclosure under the auspices of protecting offspring (i.e., from shame and stigma associated with parental mental illness; Festen et al., 2014; Focht & Beardslee, 1996; Galasiński, 2013; Pihkala & Johansson, 2008). Similar to transgender parents (see Haines et al., 2014), some parents with a mental illness have expressed fear that their offspring might be removed from their care, and therefore favoring restricted disclosure (Hall, 2006; Letourneau et al., 2007). Nuancing this phenomenon in a way that theorizes collaborative silencing, in Galasiński's (2013) research, parents constructed the silence surrounding their mental illness, as enforced not only by themselves, but also by their offspring's apparent lack of interest in such disclosure (also see Reupert & Maybery, 2010; Riebschleger, Onaga, Tableman & Bybee, 2014 for further engagement with claims to limitations in child interest regarding discussion of parental mental illness).

In a step that problematizes the silencing of parents with depression, numerous researchers have demonstrated that offspring communicate annoyance at a lack of information about their parents' illness (Foster, 2010; Meadus & Johnson, 2000; Trondsen, 2012; Trondsen & Tjora, 2014). Further, some bodies of academic literature have indicated that open discussion and receiving information about the parent's mental illness can be therapeutic for the family (Beardslee, 2019; Beardslee et al., 1997; Focht & Beardslee, 1996). Similarly, Reupert and Maybery (2010) highlighted that individuals facilitating mental health programing positioned providing information to children of parents with a mental illness to be desirable for several reasons: education was positioned as potentially empowering and information transmission could facilitate relief among children (i.e., through catharsis), development of coping skills, providing a means to communicate about related experience, and a reduction in isolation. Yet, if therapy and community programming promote a more 'positive' shared family narrative in the context of parental depression (see Focht & Beardslee, 1996 for a related intervention discussion), it does not mean that socially imposed stigma will automatically be reduced or that the familial narrative will be accepted and supported socially in a way that might disrupt the broader social storying of parental depression. Highlighting possible adverse implications of how 'the public' might contribute to negative storying of parental depression, Mickelson et al. (2016) indicate that among parents, "internalized stigma directly predicted 1-month PPD symptoms, parenting efficacy, and indirect support-seeking from family and friends" (p. 313). More specifically, though not related to measures of experienced stigma, higher levels of the internalized form

correlate to lower parenting efficacy reports, higher symptom occurrence, and more support seeking.

What's more, given what I argue is a pathologizing and marginalizing storying of parental depression in the academic literature, the silencing of parental accounts, though arguably diminishing in size, is problematic. For instance, though the stories and accounts of parental depression that parents might bring to the sharing context may reinforce dominant discourses that situate being a parent with depression as deviant and therefore risky, I have also demonstrated, based on available research, that they can bring further nuance into understanding, such as how social forces might shape access to and implications for sharing. As such, this hypothetical interrelated social- and self-silencing (i.e., due to shame and stigma) of parents (and offspring; see Ahlström et al., 2011; Focht & Beardslee, 1996; Foster, 2010; Galasiński, 2013; Meadus & Johnson, 2000; Tanner, 2000; Van Parys & Rober, 2013) precludes contributions that could help at least partially shift or counter marginalizing ways of storying childhood, parenthood, mental illness, and their intersection(s) in the context of parental depression. Therefore, it is important to consider research on what individuals outside of the family context contribute to the storying of parental depression, which is the focus of the following section.

1.5 Public Accounts of Parental Depression

Overall, few researchers have specifically explored others' (beyond the parents' and offspring's) perceptions of parental depression. One study I found, in which the research team started to address this gap, compared 4th and 6th year medical students' (undergraduate) accounts of postnatal depression to those of mothers with the experience (Small, Epid, Johnston, & Orr, 1997). Overall Small et al. (1997) found disjunctions between the ways each group would story that experience. For example, the students often had inaccurate notions of the duration of postnatal depression, demonstrating both over- and underestimation (Small et al., 1997). Further, they were more likely to confirm biological or hormonal issues, with a few recognizing problems regarding support, as catalysts of depression, whereas the women used other explanatory models (including, but not limited to, level of support and experienced exhaustion; Small et al., 1997). With respect to possible points of intervention, the women talked about respite from caregiving responsibilities as helpful, though most medical students did not make this recommendation (Small et al., 1997), suggesting a possible disjunction in how meaning of parental depression is made between "experiencers" and "outside" sources. Gladstone and colleagues (2014) similarly

found that biomedical understandings did not always align with children's accounts of parental mental illness and were not necessarily associated with desired therapeutic outcomes.

In another study, Koschade and Lynd-Stevenson (2011) explored public perceptions of the offspring of parents with a mental illness (in this case, either depression or schizophrenia). They found that "genetic attributions were a significant predictor of associative stigma when a child had a parent […] who suffered from depression, accounting for 6.6% of the variance" (p. 96). The researchers reasoned that stigma could have related to public perceptions of the child's elevated vulnerability to acquiring a mental illness (also see Reupert & Maybery, 2015). Such ways of storying parental depression seem to align with how parental depression is constructed in a large portion of the academic literature, and could have similar implications in terms of how parents and offspring come to attribute meaning to their experiences.

A problem with summarizing "external" accounts of parental depression is that many scholars have focused on how the individual with depression has been perceived by the public, rather than engaging the intersecting identity position of the parent. This paucity and neglect parallels the criticism of treatments of parents with disabilities lacking an intersectional analysis of disability's enmeshment with parenthood (Olsen & Clarke 2003) that resists over-individuation of the social conditions at play. Given the scarcity of research regarding public accounts of parental depression, I shift to the more general review of public perceptions of depression.

1.5.1 Stigma and depression. Wernicke, Pearlman, Throndike, and Haaga, (2006) found that depression was seen as incapacitating by both "experiencers" and "non-experiencers." Their research team began to reflect on why, then, if the seriousness of depression is socially validated, depression-related discrimination continues. For instance, Wood, Birtel, Alsawy, Pyle, and Morrison (2014) discuss how, despite a decrease in stigma of mental illness between 1998 and 2003, from 2003-2008 stigma actually increased in the UK, in conjunction with the end of an anti-stigma campaign. Pescosolido et al. (2010) found that "neurobiological attribution increased the predicted probability of perceived dangerousness to self […] in 1996 and […] in 2006" (p. 1324). Similarly, Wernike et al. (2006), found that validation of seriousness had the potential to reinforce accounts of possible danger.

Various researchers indicate that, over time, a biological/neurobiological construction of mental illness, including for major depression, has become more prominent (Blumner & Marcus,

2009; Pescosolido et al., 2010; Pilkington, Reavley, & Jorm, 2013). Several researchers conclude that, over time, the public has transitioned further from normalizing shifts in mood linked to depression toward more support for the use of medical resources, including consultation with a psychiatrist (Blumner & Marcus, 2009; Pescosolido et al., 2010; Pilkington et al. 2013). Yet, despite this greater public support for (neuro)biological constructions of depression, Wood et al. (2014) found that, for depression, perceived "dangerousness [of the person with the diagnosis] to others had increased [between 1998 and 2008,] and […] items related to self-blame, them [the diagnosed person] being different and recovery had increased since 2003" (p. 606), which could be related to stigma. What's more, Deacon and Baird (2009) claimed that a (neuro)biomedical perception of mental illness, such as one related to the chemical imbalance hypothesis, could actually increase stigma rather than decrease it. Linking to the context of parental mental illness in particular, some scholars have questioned the benefit of promoting a biomedical discourse in attempting to educate and reassure children about parental mental illness (see Gladstone, 2015; Gladstone et al., 2006; Gladstone et al., 2014)

At the same time, various anti-stigma campaigns have been popularized in the media. One example is Bell's (2019) *Let's Talk Campaign,* which raises awareness about, normalizes, and reduces stigma, not only about mental illness as a formalized category of experience, but mental distress more generally. This campaign draws on personal accounts related to mental distress from a variety of sources (i.e., people with varying diagnoses and from diverse walks of life). It also provides resources that can be used to run seminars to reduce the stigma surrounding mental distress, which have been taken up in popular media, such as social media sites. A significant cornerstone of this campaign is founded on informing the population about mental distress and debunking related "myths," while promoting a more supportive and accepting general community regarding mental distress.

Though much of the public storying related to parental depression has been rather indirectly addressed through more general research on depression, these accounts can provide glimpses into how parental depression might be socially constructed. As fora that can contribute to private and public meaning making regarding parental depression, the media are important actors to consider in the storying of parental depression.

1.5.2 Media contributions to the discussion of parental depression: Parental mental illness in lay literature. Portrayals of parental depression in lay literature intended for children,

youth, and adolescents are a valuable source of accounts of parental depression accessible to and engaged by parents, offspring, and the broader public. Demonstrating the historically embedded notion of reading as influential, even therapeutic, Rubin (1978) notes that "the earliest associations of books with mental health was by the Greeks, who envisioned their libraries as repositories for 'medicine for the soul'" (p. 13). What's more, individuals from several disciplines have attempted to promote the prescription of books as therapy, through a diverse set of practices operating under the umbrella term 'bibliotherapy' (see Brewster, 2008; Dufour, 2014; Jack & Ronan, 2008; McCulliss, 2012; McKenna, Hevey & Martin, 2010; Morawski & Gilbert, 2008; Ouzts, 1991; Prater, Johnstun, Dyches, & Johnstun, 2010; Rubin, 1978 for further discussion of bibliotherapy and its diversity). As such, literature is a potentially fruitful area of exploration regarding the diverse possible contributors to the storying of parental depression.

Before going into more detail regarding the specific accounts of parental depression supported in the lay literature, it is important to provide a theoretical and contextual basis for understanding the possible influence of lay literature and reading. I provide this context by unpacking influential theories, including Louise Rosenblatt's (1978, 1982, 1995) reader-response theory and Gerrig's (1993) narrative transportation theory, in the following section. I then discuss efforts to mobilize literary influence via bibliotherapy in order to demonstrate the theoretical complexity and nuance necessary when discussing the implications of reading related to parental depression. This discussion provides a stronger and more theoretically nuanced context in which to discuss children's books on parental depression and their role in familial meaning-making.

1.5.2.1 Theorizing reading: The influence of a reading is more complicated than simply applying a didactic and controlled approach to sharing.

1.5.2.1.1 Reader-response theory. Reader-response theorists such as Rosenblatt (1978, 1982, 1995) have provided theoretically grounded means of conceptualizing the influence of reading (see Hancock, 2011; Morawski & Gilbert, 2008 for further discussion of her work). According to Rosenblatt (1995), a text is material with simple markings until it meets a reader active in the transaction of reading. Her intentional use of *transaction*, as opposed to interaction, highlights the dynamic, non-linear and mutual 'nature' of the construction of meaning (Rosenblatt, 1978, 1985, 1986, 1995). As the reader is complicit in negotiating meaning, Rosenblatt's theory emphasizes what the reader brings to the transaction, such as their background (culture, education, gender, experiences, ethnicity, etc.), rather than simply the

characteristics of a text (Rosenblatt, 1978, 1985, 1995). The stance an individual takes when approaching a text could impact how he/she will focus attention when reading and, therefore, influence the transaction and its implications (Rosenblatt, 1978, 1982, 1986, 1995).

Rosenblatt (1978, 1982, 1986, 1995) distinguished two ends of a continuum regarding the stances a reader might take, which she termed efferent and aesthetic stances (also see Beach, 1993; Hancock, 2011; Huck, 1997; Kiefer, 2010 for further discussion of this aspect of her theorizing). On the more efferent end of the continuum, Rosenblatt (1978, 1982, 1986, 1995) placed approaches to a text that are more goal oriented, with the reader extracting certain content, in order to gain information (Huck, 1997; Kiefer, 2010). Taking a more aesthetic stance, the individual might focus on his or her contextual experiences throughout the reading transaction (Rosenblatt, 1978, 1995). An aesthetic stance could facilitate potential insights for the individual while reading (Hancock, 2011; Huck, 1997; Kiefer, 2010; Rosenblatt, 1978, 1982, 1995). Highlighting the significance of reading's influences for Rosenblatt, as well as the personal nature of the transaction, Hancock (2011) confirms that "Rosenblatt spent her entire life teaching educators that our personal transactions with literature can change both lives and society" (p. 41).

Moving beyond attentional orientation of the reader during the reading, which might suggest an isolated reader and text, in the fifth edition of her seminal work *Literature as Exploration,* Rosenblatt (1995) affirms broader social factors, such as culture, in reading: "[t]he process of cultural conditioning is seen operating in the images of life that the author places before us" (p. 251). In this way, culture can be seen as influencing the text through the author. In her 1978 text *The reader, the text, the poem,* Rosenblatt had considered culture's intersection with the reader: "[the reader] must bring a whole body of cultural assumptions, practical knowledge, awareness of literary conventions, readiness to think and feel. These provide the basis for weaving a meaningful structure around the clues offered by the verbal symbols [in the text]." (p. 88) In a 1985 article, she again referenced culture's relevance as an actor influencing both text and reader: "[t]he transactional theory, with its sense of the individual reader and the individual text as bearers of culture creating new cultural events in unique transactions, provides a critical framework" (p. 106). As such, Rosenblatt considers a diversity of direct and indirect actors as implicated in the reading transaction and shaping responses to the reading.

In summary, each reading has the potential to result in a unique transaction and therefore unique responses, even when a reader reads the same text twice (see Rosenblatt, 1978, 1985,

1995). Because she conceptualized each transaction as contextual, Rosenblatt (1978, 1995) problematized a notion of a single true or correct meaning for a text, but rather advanced the notion of a diversity of readings that can be evaluated using an innumerable variety of subjectively determined and changing criteria. Given this inherent diversity in the reading transaction, she hypothesized that it would be very difficult to predict a reader's response to any particular "text," including how they might be impacted by the related transaction (Rosenblatt, 1978, 1995).

1.5.2.1.2 Narrative transportation theory. Similar to Rosenblatt's (1978, 1995) descriptions of absorption in the reading transaction through an aesthetic stance and its possible implications, "[n]arrative transportation is a theoretical lens for describing how deeply and attentively a reader enters a text and engages the story, infusing her/his own mental images and emotions" (Ward, 2013, p. 37). Gerrig (1993) delineated the experience of transportation in a way that clearly indicates the integral role of absorption in (i.e., the actual experience of) the reading:

1. Someone ('the traveler') is transported
2. by some means of transportation
3. as a result of performing certain actions.
4. The traveler goes some distance from his or her world of origin
5. which makes some aspects of the world of origin inaccessible.
6. The traveler returns to the world of origin, somewhat changed by the journey. (pp. 10-11)

Ward (2013) contends that theorists from both reader-response and narrative transportation approaches have been interested in immersion in the reading experience and how it could structure understanding of that reading experience's influence. Similar to reader-response theory, Gerrig (1993) emphasizes the absorption of the reader in the experience of being transported. Ward (2013) summarizes that "[n]arrative transportation is concerned with the visualization, imagination, emotional investment, and the ability of a person to leave the real world and visit a story world, interact with characters, and be changed by a story" (p. 40).

Green and Brock (Green, 2004; Green & Brock, 2000) argue that transportation might be a key mechanism in understanding how readers are impacted by narrative experiences.

Specifically, they designed a measure of transportation that included "emotional involvement in the story, cognitive attention to the story, feelings of suspense, lack of awareness of surroundings, and mental imagery" (higher levels related to greater transportation; Green & Brock, 2000, p. 703). Using this measure, they found that individuals who reported greater transportation were more likely to indicate that they had beliefs that were consistent with the narrative they engaged with and were, thus, less likely to critique the story. Like reader-response theorists (see Rosenblatt, 1978, 1995), some narrative transportation scholars argue that what the reader brings with them is vital to the transaction between the reader, text and resulting absorption (see Green, 2004; Van Laer, De Ruyter, Visconti, & Wetzels, 2013). Green (2004), as well as Van Laer and colleagues (2013), found that individuals who were more familiar with the topic of the narrative were more transported, so related to 'influence.' Other individual 'factors' identified by that scholars have included reader attention, sex, transportability, and education (Van Laer et al., 2013).

Despite discussion of reader antecedents to transportation, narrative transportation scholars have not conceptualized reading as completely under the unrestrained control of the reader (see Gerrig, 1993; Van Laer et al., 2013). For example, Gerrig (1993) indicates that "readers are routinely called upon to use their logical facilities to bridge gaps of various sizes in texts" (p. 27). Therefore, Gerrig acknowledges that the structure of the text, at least subtly, impacts the reading transaction, while still positioning the reader as active.

Overall, transportation, which is, itself, influenced by diverse factors, shapes the influence of a narrative experience (Green, 2004, 2008; Green & Brock, 2000, 2002; Green, Brock, & Kaufman, 2004). If transportation is potentially a key mechanism of meaningful narrative transaction, it could provide an avenue to explore other possible influences of readings (Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004), including on the topic of parental depression. In the sections that follow I narrow my focus to parental depression-related content in lay literature.

1.5.2.2 Parental depression in lay literature for a younger audience. In earlier sections, I suggested that 'Westernized' norms of characterization and context may place marginalized and minoritized people at risk for being seen as deficient and deviant (see Alderson, 2013; Chapman & Bhopal, 2013), thereby reinforcing broader power systems that contribute to experiences of social disadvantage (Alderson, 2013; Chapman & Bhopal, 2013). Providing space to challenge

these norms, and to acknowledge and support intersectional counter-stories, is important in the context of social disparities experienced by affected children, parents, and families (see Chapman & Bhopal, 2013; DePouw & Matias, 2016 for related supporting examples). Lay literature can be a valuable source for consideration of the types of stories of parental depression that are socially supported.

Morag Styles (2001) argues that, especially in Westernized contexts, authors of literature and poetry have romanticized childhood. At the same time, she and others recognize that many authors have begun to move away from romantic conceptions of childhood to acknowledge multiplicity, complexity, and the implications of culture (also see Wilkie-Stibbs, 2008). Overall, literature seems to have moved toward integrating some intersectional sensibilities through author interrogation of the status quo in the context of children's, parents' and families' experiences of social disparity (i.e., experiences of 'deviance'; see Collins & Bilge, 2016; May, 2015 for further engagement with intersectionality; see Styles, 2001; Wilkie-Stibbs, 2008 for engagement with the lay literature). These representations trouble such taken-for-granted understandings of the child and childhood as innocent or deviant, the parent as good or bad, and any presumed separation between the child and adult worlds (Wilkie-Stibbs, 2008).

Beyond providing a valuable context to challenge the status quo and construct potential counter-narratives to simplistic deficiency narratives, I argue that this literature could contribute toward social justice, an integral objective of intersectionality (see May, 2015 for further engagement with intersectionality). By challenging such taken-for-granted meanings, lay literature could re-story parental depression by circulating counter-stories and challenges to dominant pathologizing orientations, facilitating a broader interrogation of power and oppression at this identity intersection (see DePouw & Matias, 2016 for engagement with the importance of counter-stories in the context of certain forms of oppression; see Styles, 2001; Wilkie-Stibbs, 2008 for further critical discussion of the lay literature and related potential to support questioning status-quo). Literature that does not challenge norms runs the risk of reinforcing the status quo, including experiences of marginalization (see Alderson, 2013; Chapman & Bhopal, 2013 for related broad theorizing and supporting examples). As such, integration of intersectional sensibilities into lay literature is valuable. Since the number of research projects exploring children's books on the topic of parental depression is relatively low, in the following discussion

I review that literature and some materials with an adolescent target audience rather than a younger demographic.

In one project, researcher(s) dispatched authors, clinical academics, young readers, and service users to discuss and review various books with a theme of mental illness, including some related to parental depression (Book Reviews, 2013). The books they reviewed were geared toward a child/youth audience (Book Reviews, 2013). One of the title authors talked about their book, which portrayed a mother with depression (Book Reviews, 2013). The stated intention was to show the ways the child in the story was affected by their mother's mental illness, including developmentally, and "how much Artemis [the son] needed his mother" (Book Reviews, 2013, p. 311). Clearly, the theme of an implicitly assumed deviance informs this engagement with parental mental illness. At the same time, adding a bit more nuance, the author also communicates the potential transience of the parent's mental illness (Book Reviews, 2013).

Another book reviewed in the same project addresses maternal bipolar disorder (Book Reviews, 2013). Both depictions could be subsumed under the category of parental mental illness as related diagnostic categories. A reviewer of the second book describes the child protagonist as sensing no deficit in their experience of maternal bipolar disorder (Book Reviews, 2013), in contrast with claims of negative implications associated with parental depression (see Trondsen, 2012 for a discussion of offspring risk awareness). However, challenges arise in the story, such as responsibilities placed, by the parent, on the child, as well as the offspring being teased by peers (Book Reviews, 2013), more in keeping with actual offspring accounts and possible transmission of stigma regarding parental mental illness (see Foster, 2010; Meadus & Johnson, 2000; Tanner, 2000). The clinical reviewer sees the mother as having been portrayed fairly empathetically (Book Reviews, 2013), which could support anti-pathologizing counter-narratives among readers. As such, although the authors did seem to focus on deficits, they at least hinted at complexity, whether through situating depression as fluctuating or through sympathetic presentations.

Wilkie-Stibbs (2008) discusses one author who presents parental mental illness in an ambiguous way that interrogates the notion of good parent; despite deficiencies in performing the maternal role, "there [was] a tenacity of warmth and love between Marigold [the mother with a mental illness] and her two daughters that endure[d] through it all and [was] the disruptive return gaze that destabilize[d] the easy rush to condemn her" (para. 21). Beyond an intersectional questioning of the taken-for-granted notion of good parent that constructs other ways of parenting

as deficient (see Chapman & Bhopal, 2013; Haines et al., 2014; Widding, 2015 for examples of this type of positional vulnerability), the story seems to portray more than a single axis of experiential (dis)advantage. For example, the family also experienced poverty, suggesting a more complex consideration of intersecting (dis)advantages through matrix-oriented conceptualizing (see Collins & Bilge, 2016; May, 2015; Wilkie-Stibbs, 2008), which considers multiplicity and complexity without necessarily romanticizing the margins (see Wilkie-Stibbs, 2008; also see Biebel et al., 2015; Nicholson et al, 2015a, b for discussion of the importance of taking a multidimensional approach to understanding parental mental illness). At the same time, an intersectional perspective requires a social justice orientation (May, 2015). It was unclear whether the described narrative questioned the systems of power that shaped the mother's experiences as a female parent in poverty with a mental illness, and how broader systemic and social changes might mitigate disparities.

Tussing and Valentine (2001) also explored books for youth on parental mental illness, some specifically related to parental depression. In one of the books intended for an adolescent/young adult audience, in which the author portrays maternal depression, the offspring is described by researchers as "demonstrating some excellent coping skills" (p. 463), taking on caring responsibilities while remaining independent (Tussing & Valentine, 2001). Some researchers have supported this construction (though others have troubled offspring as 'young carers' who experience a hastened maturational process; see Ahlström et al., 2011; Foster, 2010; Meadus & Johnson, 2000; Olsen & Clarke, 2003; Van Parys et al., 2015; Van Parys & Rober, 2013 for diverse contributions to this topic of debate). Reflecting overall on the books included in their study, Tussing and Valentine (2001) discuss how, though there was some diversities of family context in selected texts, many of the families they presented were 'intact,' and based on gender stereotypes. Constructions of the ideal family around gendered norms remain problematic, particularly when theorizing the socio-cultural marginalization of certain parenthoods (e.g., Chapman & Bhopal, 2013; Haines et al., 2014).

Parental depression in texts targeting teens/adolescents have also received some attention in the research. Arata-Maiers's (2009) review of a book called "*I'm Not Alone: A Teen's Guide to Living with a Parent Who Has a Mental Illness*" (p. 106), highlights the "clinical and research experience" (Arata-Maiers, 2009, p. 106). She notes that the book "provides clear, accessible information about major depression, bipolar disorder, schizophrenia, and substance abuse with an

emphasis on serious mental illness as a disease similar to other episodic, chronic diseases in its etiology, prevention, and treatment" (p. 107). As mentioned earlier, Small et al. (1997) found that some academics (such as medical students) seem more likely to focus on issues related to biology in their constructions of PPD. As such, more academically and/or clinically oriented backgrounds could influence the construction of mental illness as disease, supported in the book. However, Pescosolido et al. (2010) argue that a (neuro)biological construction of mental illness has not necessarily been associated with lowered rates of stigma (also see Deacon, & Baird, 2009). Similarly, Gladstone (2015) and colleagues (2006; 2014) highlighted how a biomedical model for communicating information to children with parents who have a mental illness did not seem to address such issues as child concerns and assumed responsibility.

Arata-Maiers (2009) goes on to show that the book emphasizes that "[w]hat they [the teens] are experiencing is a normal reaction to an abnormal situation, pathology is not assumed, and a broad range of responses is expected" (p. 107). Despite assuming that the "situation" of parental depression is "abnormal," this teen-directed text offers alternative ways of understanding that situation. Nevertheless, assumed abnormality could reinforce dominant ideas about parental mental illness as imparting risk (i.e., of deficiency), through deviance.

1.5.2.3 A point of caution regarding conceptualizing the influence of a reading. In what follows I unpack bibliotherapy as a possible means of "harnessing" the healing influence of literature, with particular attention to the possible role of children's books on the topic of parental depression. More specifically, I include this discussion of bibliotherapy to caution against the assumption of any direct and predictable influence of such readings, particularly in the context of books that are more didactically focused on a particular issue and on influencing the reader in a predetermined and desired way. When I conceptualize the possible meaningful influence of readings related to parental depression, I am not hypothesizing their therapeutic potential, but rather their possible significance more generally.

1.5.2.4 Bibliotherapy: A possible market to maximize the potential influence of children's literature on parental depression? In an appendix of Rubin's (1978) text on bibliotherapy, Arleen Hynes defines the practice as "a generic term for the continuum of activities which implies the potential for self-understanding, growth or healing through the use of literature or films" (p. 201). Bibliotherapy has frequently been discussed by scholars as an adjunct tool for therapy, not necessarily as a therapy or 'cure,' itself (McCulliss, 2012; Rubin,

1978). Researchers contend that the use of texts for therapeutic purposes can only be considered bibliotherapy if there is a subsequent discussion of the material, with the support of a trained professional (Rubin, 1978). At the same time, Brewster (2008) notes more independent self-help practices of using texts for well-being, through which some texts on parental may be subsumed under the category of bibliotherapy. McCulliss (2012) highlights that in early bibliotherapeutic history, there was no focus on discussion of the text with the patient after reading, but simply belief in the idea that the reading seemed helpful or influential. Dufour (2014) argues that librarians expanded the "definition of bibliotherapy to encompass the entirety of the reading act across cultural contexts" (p. 21). As such, there has been a great deal of variability in how bibliotherapy has been defined historically, with some definitions having been so broad as to include any form of reading for or with the potential to impact reader well-being (see Brewster, 2008; Dufour, 2014; McCulliss, 2012; Rubin, 1978, on related variability).

Despite historical variability in applications of bibliotherapy, some scholars talk about identification, catharsis/release, and insight as important mechanisms that promote the therapeutic influence (Dufour, 2014; Gregory & Vessey, 2004; Jack & Ronan, 2008; Maich & Kean, 2004; McCulliss, 2012; Ouzts, 1991; Rubin, 1978). Following some kind of reader identification with the text, theorists hypothesize that readers then project their own 'self,' including desires and emotions, onto the story and, through this engagement and reflexivity, they become able to release emotions and gain self-oriented insights (Gregory & Vessey, 2004; McCulliss, 2012; Rubin, 1978). Readers, for example, may realize the common humanity of their experiences, gain other perspectives, prompt discussion, engage in reflexivity, or learn new ways to resolve issues (Goddard, 2011; Gregory & Vessey, 2004; Maich & Kean, 2004; Prater et al., 2010; Rubin, 1978; Shipman & McGrath, 2016; Thibault, 2004). Emphasizing the possible value of bibliotherapeutic practices, Cuijpers (1997) contends that "bibliotherapy can be a cheap, efficient, and high-quality form of therapy" (p. 146). McKenna and colleagues (2010) hypothesize that bibliotherapy can help to address the gap between levels of treatment accessible by individuals, relative to need. Further, some scholars have found that bibliotherapy has been associated with positive outcomes among 'users,' with clients reporting having felt empowered through bibliotherapy (Cuijpers, 1997; Gregory, Schwer Canning, Lee, & Wise, 2004; McKenna et al., 2010; Morawski & Gilbert, 2008).

There has also been theoretical extrapolation of identifiable "types" of bibliotherapy: institutional, clinical, and developmental (among other categorizations; see: Jack & Ronan, 2008; McCulliss, 2012; Rubin, 1978). "Institutional bibliotherapy refer[s] to the use of literature–primarily didactic–with individual institutionalized clients" (Rubin, 1978, p. 3). The main purpose of this form of therapy has been for the client to obtain information about their illness experience, as well as to engage in an enjoyable activity to pass the time (Jack & Ronan, 2008; Rubin, 1978). According to Rubin (1978), clinical bibliotherapy, on the other hand, has tended to use more imaginative literature "with groups of clients with emotional or behavioral problems" (p. 4). Objectives of this practice include using reading insights to alter behavior. In contrast to the other two types of bibliotherapy, in which practitioners have focused on populations with health 'issues,' developmental bibliotherapy is a form of therapy in which practitioners have used literature with "developmentally typical" clients, aiming to support a normative trajectory of development of potential among readers. Thus, materials from the more didactic to the more imaginative have been mobilized in evolving forms of bibliotherapy (Jack & Ronan, 2008; Rubin, 1978).

Some children's literature related to parental depression might appear in the didactic or imaginative categories, particularly given a sociocultural orientation toward treating experiences of parental depression as deviant and risky, something that must be guarded against and/or dealt with by both parents and children with; a view to therapeutic outcomes. However, an approach to bibliotherapy as prescriptive (i.e., a text as prescribed by the physician) has limitations. For instance, such practices are constrained by whatever literature the "prescriber" may be aware of. As such, texts provided may perpetuate a restricted, institutionally supported, and privileged storying of parental depression, based on prevailing mechanisms of socio-cultural validation.

Literary theorists like Rosenblatt (1978, 1995) have problematized the notion that transactions between reader and text are predictable and controllable, given the diverse factors informing a reading transaction, which are unique to each reading. Extending from this point of tension, Rosenblatt has also been critical of overreliance on didactic texts, which might become associated with bibliotherapeutic orientations to reading. Similarly, Gerrig (1993) hypothesizes a lack of control over experiences of transportation. Positioning reading as a form of therapy seems to assume that prescribing a book for a therapeutic purpose (connoting control) will contribute to beneficial therapeutic outcomes (connoting some predictability). According to a reader-response

theory (see Rosenblatt, 1978, 1995) and narrative-transportation informed research (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Van Laer et al., 2013), the content of the text is infused with what the reader brings to a reading relationship and the context of the particular reading. As such, I urge caution in evaluating the influence of children's books on parental depression, in terms of their therapeutic potential.

1.6 Conclusion

Many researchers' contributions on parental mental illness have focused on overall deficits and challenges (e.g., Hanington et al., 2011; Hay et al., 2010; Mechling, 2015; Mustillo et al., 2011; National Research Council and Institute of Medicine, 2009; Paulson et al., 2009; Shelton & Harold, 2008). This focus has supported the public's tendency toward stigmatizing mental illness (see Festen et al., 2014; Koschade & Lynd-Stevenson, 2011; Mickelson et al., 2016; Tanner, 2000; Wood et al., 2014 for further engagements with stigma, including in the specific context of parental mental illness) in dominant discourses related to child(hood), parent(hood) and family (see Alderson, 2013; Wyness, 2006 for further discussion of these constructs). Scholarly attention to the contributions of offspring and parents to this discussion, complicates knowledge claims though critical 'instances of positivity,' even if typically only making up a very small part of accounts provided in any given study (see Foster, 2010; Mordoch & Hall, 2008; Mowbray et al., 1995; Van Parys et al., 2014). Negative accounts of parental depression might relate to stigma, which has, itself, been related by Mickelson et al. (2016) to experiences of parental self-efficacy. Victim positioning of offspring may help construct a 'risky or deficient' identity for parents. These negative accounts of mental illness in general, and parental depression specifically, can create silences surrounding parental depression, including on the part of the parent(s) and offspring (see Focht & Beardslee, 1996; Galasiński, 2013; Pihkala & Johansson, 2008; Trondsen & Tjora, 2014), which, in turn, can lead to experiences of shame and embarrassment. Given that several scholars claim that open discussion about mental illness in affected families is therapeutic (Beardslee, 2019; Beardslee et al., 1997; Focht & Beardslee, 1996; Reupert & Maybery, 2010), the potential erection of barriers (i.e., cultural or academic) that hinder accessibility to and engagement in communications pertaining to parental depression among parents and offspring is cause for concern.

Children's books on the topic of parental depression are a medium in which the creators have constructed accounts of parental depression that have not only the offspring, but also the

parents (and perhaps even the broader public), as potential audience members. Though not necessarily falling under the category of self-help, children's books on parental depression have the potential to be employed for therapeutic purposes in accordance with certain more directed orientations to bibliotherapy. Further, although there are arguably subtler and less institutionally structured stories of parental depression accessible in adult and children's literature, sources that directly focus on the topic, published by reputable resources in the area of mental health might be particularly relevant to understanding possible implications of cultural discourses on depression among parents. Both the American Psychological Association (APA)(2002) and the Centre for Addiction and Mental Health (CAMH)(2009) have supported the publication of children's books addressing parental depression, the former in workbook and the latter in a more information-based story format. Hypothetically, such texts could serve multiple needs in relation to parental depression, including for therapeutically oriented purposes. Given the potential for these texts to be mobilized for therapeutic purposes, it is important to explore the types of reader transactions they invoke, particularly among populations with personal stakes in such constructions (i.e., parents).

Testing the therapeutic value and potential of particular texts, however, is not the goal of the current study. Rather, I am interested in reading transactions more generally, and how texts aimed at children might be taken up by parents, with possible implications for their constructions of parental depression. If the cautions of reader-response and narrative transportation theorists are heeded, the implications of such texts' contributions to the storying of parental depression cannot be assumed through simple consideration of their content in isolation from unique readers and their reading contexts (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Rosenblatt 1978, 1995; Van Laer et al., 2013). For instance, though authors of such texts, particularly those published through major mental health organizations, might wish to help diminish stigmatizing constructions of and silences surrounding parental depression, the author and the text are only two actors among many who are responsible for and implicated in the complex outcomes of each reading (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Rosenblatt 1978, 1995; Van Laer et al., 2013 for further engagement with the various "actors" in a reading transaction).

Though some of the books in the Book Review (2013) I discussed earlier had parental mental illness as the main topic area considered, only a few authors explored parental depression

specifically, and only a few reviewers' accounts were presented. What's more, many potential areas of exploration were not addressed in the reviewers' discussions. For example, though researchers have had children, academics (including clinicians), and service users (some of whom could also be parents) review books on mental illness (e.g., Book review, 2013), to my knowledge no similar exploration has focused on how people with parental depression (officially diagnosed or otherwise) engage with children's books on that topic. As such, the overall research question for this project is: How do individuals who have had depression while parents (regardless of whether formally or self-diagnosed) interact with, respond to, and evaluate their readings of parental depression in children's books on the topic?

1.6.1 Importance of this research question. As researchers have indicated, the authors of relevant books might portray offspring as young carers and as exceptional (Tussing & Valentine, 2001). Olsen and Clark (2003) argue that many parents experience the level of caring enacted by offspring as low, though variability was acknowledged by the authors. Though some scholars might argue that an individual's judgements of their offspring might be 'less accurate' than judgments made by those outside the familial context, particularly during a bout of depression, Conrad and Hammen (1989) argue that some mothers with depression might actually make more accurate appraisals of their offspring in certain contexts. As such, authors' portrayals might actually contrast, in some regards, with how parents construct accounts of their offspring's responses to parental depression and thereby reinforce, through validation and repetition, a pathologizing dominant storying.

What's more, if the offspring are presented by the authors as exceptional, vulnerable victims based on parental depression (e.g., Gladstone et al., 2006; Hayden et al., 2013a; Kane & Garber, 2004; National Research Council and Institute of Medicine, 2009), there could be further identity implications for parents (e.g., as "deficient" or "bad"). This influence cannot be predetermined, but rather, is dependent on the contextual transaction of reading (Rosenblatt, 1978, 1995). As such, though authors may not intend to simplify depression and present affected parents as "deficient" or "bad," it is important to note parental reading transactions, particularly given the possible use of such texts for bibliotherapeutic purposes.

Olsen and Clark (2003) also acknowledge the complexity and diversity of parenting styles in the context of "disability." As such, it is important to explore parents' evaluations of these sources in addressing the complexity of parental depression. Put another way, to what extent do

parental readings find a more nuanced and less pathologizing shared storying of parental depression versus reinforcement of dominant systems of power and privilege through normative assumptions that structure negative evaluations of parents and offspring navigating parental depression? Pathologizing perspectives could contribute to a problematic silencing of parents and offspring (see Festen et al., 2014; Focht & Beardslee, 1996; Galasiński, 2013; Hall, 2006; Pihkala & Johansson, 2008; Reupert & Maybery, 2015; Tanner, 2000; Trondsen & Tjora, 2014 for further engagement with issues of stigma and silence surrounding parental mental illness). Such silencing arguably diminishes possible challenges to and/or nuancing of dominant and potentially pathologizing constructions by affected parents. Lacy (2015) argues that authors of books on such problems as parental alcoholism have demonstrated complexity in their portrayals, while another researcher indicates that authors' portrayals of mental illness can be 'unrealistic' (Book Review, 2013).

Finally, it is also important to explore how parents engage available texts in storying parental depression, in making informed choices with regard to bibliotherapeutic practices. In other words, it is important to explore what texts might "do" in a reading. Though reading transactions, according to Rosenblatt (1978, 1995), are contextual and unique, reflecting on parental readings of specific texts could promote a more critically reflexive and complex stance regarding the potential use of such texts for bibliotherapeutic purposes.

1.6.2 Sub-questions. As I indicated above, authors' accounts might not validate the details parents may bring to meaning-making transactions on the topic of parental depression. This disjunction is particularly risky in contexts where parents' accounts of parental depression fit imperfectly, or even counter, dominant, privileged constructions of childhood, parenthood, family, and persons with a mental illness or distress. Barriers against entry into the discussion based on privileged social norms and ideals fail to account for diversity and complexities in experiences surrounding disability (including parental depression). There have been some attempts, therefore, toward troubling dominant binaries related to childhood, thereby supporting counter-stories (Wilkie-Stibbs, 2008), and acknowledging complexity and diversity in experiences and accounts of parental depression (see Olsen & Clark, 2003 for more detailed engagement with the importance of complexity and diversity in understanding such topics as parental depression).

Despite such a promising general trend, there remains a paucity of research comparing parental and textual accounts of parental depression, and the overall potential significance of a disconnect between parental and 'external' accounts (i.e., textual, social, etc.). This has prompted two broad and interrelated questions:

- How do parents who self-report having had depression compare the accounts of parental depression in their reading(s) to their own experiences of depression?
- To what extent do parents evaluate authors' accounts as providing a sufficient engagement with the complexities of parental depression?

Another dominant discourse that might inform meaning-making regarding parental depression is related to gender. Depression is a gendered construction, with women being diagnosed more often than men (WHO, 2012). Further, though some changes may have occurred in the gendering of parental roles over time, there is evidence that parenting is still portrayed in gender-stereotyped ways in the media (Wall & Arnold, 2007). Based on my review of the literature for this project, I would argue that a large portion of researchers who have explored parental depression have focused on mothers. Given the significance of gender in the context of both depression and parenting (see Wall & Arnold, 2007; WHO, 2012), as well as the possible reinforcement of dominant relationships of power regarding gender, another research sub-question asks:

- How do parents engage with and evaluate gender and gender roles in their readings?

Finally, due to the stigmatization of mental illness (see Foster, 2010; Meadus & Johnson, 2000; Mickelson et al., 2016; Wood et al., 2014), as well as potential claims for the usefulness of related texts in therapeutic contexts (see Brewster, 2008; Dufour, 2014; McCulliss, 2012; McKenna et al., 2010; Ouzts, 1991; Prater et al., 2010; Rubin, 1978), another set of sub-questions emerges:

- To what extent and how does a parent find a particular reading useful, helpful, or not?
- To what extent do parents self-report as being likely to make a particular reading accessible to their offspring (whether when their offspring was younger, currently, or in the future) and what shapes that evaluation?
- If given the chance, how might parent(s) alter the book(s) to make their readings more appealing to them (by validating their own storying of parental depression)?

Having contextualized the current research project in the academic literature and argued for the relevance of my particular research questions, in the chapter that follows I delineate how I explored the overarching research question, as well as the more specific sub-questions I developed.

Chapter Two – Methods and Methodology

2.1 Procedures

I conducted 24 semi-structured interviews with 12 participants (2 interviews per participant) in which they read between one and two children's books on parental depression per interview and responded to their readings. The interview guide can be found in Appendix A. Following the semi-structured approach of the interviews, I restricted the number of direct questions, focusing more on asking a few key questions, and probed based on participant responses. Each interview was meant to last 1-2 hours, though some interviews did go over this time limit (in consultation with the participant in question), and they took place in a privately booked meeting room on the University of Saskatchewan campus. I chose this location for the interviews for convenience, including privacy. A more ideal, less institutional location might have been somewhere in the community, particularly given my discussion of readings as inherently contextual, but such a location was not practically available for this project. One participant requested that the interview be conducted at their home.

I intentionally grouped two of the three books (specifically *Sad days, glad days: A story about depression* [Hamilton, 1995] and *Can I catch it like a cold? Coping with a parent's depression* [CAMH, 2009])[3] in one interview, due to their potential, through contrast, to promote a discussion of gender. I randomized the ordering of these two books in the interview using a simple coin-toss. I had participants read the third book in its own interview, given its workbook format (Andrews, 2002), which I reasoned might require more time to discuss. I also randomized the order of the interviews using a simple coin-toss.

I commenced the first interview by asking the participant to complete written informed consent (see Appendix B for a copy of the consent form), after which I provided one of the children's books to read. I requested that the participant read the book at their leisure and inform me when they had finished. In most instances, I left the room while participants read, except when participants seemed to emphasize that doing so was not necessary. When the participant had finished reading, I re-entered the room and commenced the interview. In the interview in which I asked the participant to read two books, I repeated the entire reading and questioning process for the second book, after which I asked the participant summary questions regarding both readings. At the end of each interview I thanked the participant for their time, provided $50

[3] See section 2.3 for more details on the books

compensation, and asked if they would like to continue participation. If so, I discussed potential dates for the second interview with them. I did not repeat the process of written consent for the second interview, but instead provided a brief verbal overview of the consent process. At the end of the first interview I asked the participant to come up with a pseudonym. I verbally emphasized the importance of choosing a name that the individual was comfortable with, as well as one that would not risk identifying them. I gave the debriefing form (see Appendix C) to participants at the end of the final interview. On the consent form I gave participants the option to opt in or out of the transcript release process for each interview (see Appendices D and E for documentation related to initiation of transcript release process). Though a few participants opted to review their transcripts, no major changes were submitted.

I conducted this research using interviews for several reasons (see Willig, 2013 as a main source used in this study to inform decisions regarding data generation). First, interviews, as opposed to other methods of data generation, such as focus groups, allow more control over confidentiality. Given that the topic of parental depression has the potential to be socially sensitive, I concluded that the choice to use interviews as a safeguard to confidentiality was warranted. A second and related reason I chose to use interviews is because the research questions required contemplation and formulation of one's experiential accounts – e.g., the extent to which the portrayals in the books fit with and supported parental accounts of their depression. An interview allows for more focus on the individual through directed questions, so fit with my focus on personal accounts.

I recorded the interviews using a small audio-recording device and transcribed them using Microsoft Word. I removed identifying information (such as names of people and places) and used pseudonyms to support participant confidentiality. I used a modified version of the transcript notation that can be found in Lafrance (2009), as I believe it is a good balance of detail and accessibility for audiences who might not be familiar with full Jeffersonian notation (see Appendix F for a brief detailing of relevant notation used). Though I do not explicitly integrate each form of notation into my analyses, I have maintained this notation in excerpts because I considered it when constructing the analyses and therefore wanted to present the content of the transcripts as they were when I engaged with them, and I believe that the notation allows for a more nuanced grasp of the context of my claims related to the transcripts. As such, though readability might be hindered through the inclusion of this notation, I decided to maintain it for

the potential benefit of providing the audience a better sense of the materials I analysed. Further, given that the notation is not full Jeffersonian, but rather is a simplified version, I determined that the negative impact on readability would be less significant to the overall reception of the analyses.

All electronic versions of participant documentation were secured using document password protection on the password-protected computers of myself and the faculty supervisor for this project. We stored consent forms separately from interview transcriptions, and all physical documents were stored in locked cabinets when not in use for research purposes. We (myself and the faculty supervisor) also stored audio files on our password-protected computers, at which point I deleted these files from the audio-recording device(s).

2.2 Materials

For the purposes of this research, I had parents read between two and three children's books on the topic of parental depression across two separate interviews. Two of the books were picture books and one was an activity workbook. I chose this number of books, as I wanted to elicit transactions with a range of accounts of parental depression, but also to give the participant time to discuss each reading in detail. In some instances, parents read and engaged with only two of the readings, due to time constraints. I asked participants to read and discuss *Can I catch it like a cold? Coping with a parent's depression* (CAMH, 2009) and *Sad days, glad days: A story about depression* (Hamilton, 1995) in one interview, and *Why are you so sad? A child's book about parental depression* (Andrews, 2002, published through the APA) in another.

In order to identify these children's books, I conducted relevant searches using the following databases: Saskatoon public library website, amazon.ca, chapters.indigo.ca, CM Magazine database, and general online searching. Keywords that I used included, but were not limited to: children of depressed parents, children of the depressed, offspring of depressed parents, offspring of the depressed, maternal depression, depressed mothers, mothers with depression, parents with depression, parental depression, paternal depression, fathers with depression, and depressed fathers. Beyond keyword searches on these sites, I also reflected on the 'suggested readings' of the databases when they were provided.

I based my decision as to whether a children's book was on the topic of parental depression by examining the title of the book, as well as on the synopses, if available. In order to be considered, the title of the book needed to have a clear reference to parenting (i.e., mother,

father, parent, parenting, etc.,) *as well as* depression. If a book appeared relevant to the topic, but did not meet the title criterion, I attempted to find a synopsis of the book in order to further clarify its content. I only considered books with parental depression as a main focal topic. I also excluded books specifically on depression that was peri- or postpartum and on other mood disorders (e.g., bipolar), due to my research focus on depression more generally. My reasoning assumed that titles with references to both parenting and depression might be more relevant and readily accessible to individuals, such as parents, who might seek out books on parental depression to share with their children. I also included only books written for a child audience, targeted at ages 2–11 (see Berk, 2009 for the reference point I used when selecting this age range as indicative of a 'child' audience), excluding books explicitly for adolescents or adults, due to their potential for having both offspring and parent/s, as part of broader audiences.

In choosing the texts, I also reflected on a list provided by the APA (see http://www.apa.org/pi/families/resources/newsletter/2014/05/families-parental-depression.aspx) delineating books on parental depression that the organization requests as resources, given the authoritative expertise of the APA in psychological arenas. I also considered the relative authoritative position of the authors of the texts, reasoning that texts published or backed by major mental health organizations might be seen as particularly influential and likely to be recommended or interpreted as authoritative. I chose more recently published books because I reasoned that they would be more likely representative of current conceptualizations of and discourses about parental depression. To promote variety, I included two relatively institutionally structured texts (i.e., texts published through major mental health organizations) and another where institutional affiliation was less obvious.

As I also wanted to be sure to include a variety of texts framing the relevance of gender I chose to include at least one text with a mother and one with a father with depression. I also attempted to include not only texts that focused on providing "facts" about depression, but also a more aesthetically oriented texts–with a subtler orientation to parental depression and more artistically and experientially oriented than didactic, although these categorical differentiations are not mutually exclusive.

As such, I selected the CAMH (2009) book, *Can I catch it like a cold? Coping with a parent's depression*, as a recent Canadian publication, about paternal depression. Not only is this book affiliated with a recognized and arguably authoritative mental health organization, it has

also been recommended by multiple online resources on parental depression (see CM Magazine search on parental depression; APA, 2016; CAMH, 2002; Van Volkinburgh, 2012). Further, it has received the "Curriculum Services Canada's CSC Seal, recommending it as a reference for teachers and other school professionals who work with children and youth" (CAMH, 2002).

The story is told from the perspective of a young boy who lives in a dual-parent household, appears to be an only child, and has a father with depression. The child describes his experience and perception of his father both before and after the depression's occurrence. Most of the book seems to take place while the father is symptomatic. The young boy describes some of his feelings related to his father's depression, his worries, and the associated familial environment. His mother is portrayed as telling her son about the depression and being supportive of him through reassurance and making arrangements to reduce disruption in routines during his father's depression. For example, she arranges for her son to get a drive to and from soccer and has precooked meals ready for when she is at work and unable to be home during mealtimes when his father is likely unable to prepare meals, due to depression. The son observes instances of his parents arguing and communicates a concern that he, himself, is the cause of the argument.

Partway through the book, the young boy meets up with another child (a female referee of his soccer games), and he tells the reader that, to his surprise, his new acquaintance also has a parent with depression (her mother). He details how she then tells him about depression, including variability in experience (i.e., between the boy's father and her mother's depression), and treatment/support (accessed both by her parent and herself). She also addresses the issue of relapse. This meeting prompts the boy to ask his mother, who had previously recommended that he speak to someone, about possibly talking to a counselor. The son proceeds to describe his experience in counseling sessions with two different mental health professionals. The boy learns a great deal about depression and how it is not his fault and he cannot fix it. By the end of the story, it remains ambiguous whether the father is still considered depressed, but the child describes how the father is seeking treatment(s) and there seems to be improvement in his father's disposition.

I also included Hamilton's (1995) text, *Sad days, glad days: A story about depression*, due to its portrayal of depression as variable (i.e., there are better and worse days), and there being a less clear resolution to the mother's depression (in contrast to CAMH, 2009). The

illustrator, Gail Owens, employed a unique use of color to subtly communicate the changing tones of the story, indicating a more aesthetic appreciation of the reading than the other two, more institutionally structured, texts which seem to focus on overtly 'informative' detail about parental depression. Though Hamilton's text is older, it has been recommended by users on Goodreads (2013) as a book to inform children about mental illness (Ellie, through Goodreads, 2013) and by Sharon Van Volkinburgh (2012), a clinical social worker who compiled a list of resources on parental mental illness.

This story is told from the perspective of a young girl who describes having a mother with depression–she describes variability in her mother's depression over what seemed to be a few days. The child seems to live in a dual parent-household, is an only child, and has friends and neighbors with whom she sometimes visits, including in some instances when her mom is unwell. The basic premise of the story is that, when one has a parent with depression, there are good days and bad days, but mostly the days are somewhere in-between. Particularly striking in this book is the illustrator's use of color–on days where the mother is claimed to be having a bad day the images are darker, and on other days, the images are lighter, seeming to match a similar shift in the mother's depression and the daughter's related experience of her mother. These shifts in color seem to align with an activity the young girl engages in with her father to communicate how her mom seems to be doing that day. More specifically, she fills in a thermometer with varying colors depending on how the day has gone (darker colors relating to "sad days" and lighter colors to "glad days"). The daughter indicates that she is aware that her father sometimes feels frustrated over issues related to her mom's depression–coming home from work to a house that is messy–and how her father listens to and validates her negative feelings relating to her mother having depression. At the same time, there are also instances in the story in which the mother is less distant from her daughter, in which the mother overtly communicates that she cares for her daughter and that the daughter is not to blame or responsible for her depression or treatment.

Though the girl's narration describes her experience with her mom and depression, she positions the story as an account of the events leading up to her getting a cat. While her mom was experiencing depression, the girl asked each of her parents about getting a kitten. Both parents stated they could not get a cat, her father, because it would be too much work for her mother. But, one day a stray cat falls into their yard and is hurt. The girl wants to keep the cat to help it get better, though her mom dissents. Her mom eventually agrees to allow the girl to feed the cat

some of her cereal milk while it is healing, though outside, and after a lapse of time the cat mends. Important to note is that cold cereal has a negative connotation for the girl because it is what she eats on days when her mother is unwell. Eventually, after the cat gifts the young girl a mouse it had caught, the mother decides that they can keep the cat, as a gift from mother to daughter. The story ends with the child indicating that there are also (assumedly beyond the sad days or glad days) very memorable days in her life (i.e., the day she got her cat).

The third and final text, *Why are you so sad? A child's book about parental depression* (Andrews, 2002), employs a workbook format in which the narrator encourages offspring to engage with the text as readers and 'producers.' This workbook style provides a unique opportunity to explore how parents construct their offspring's 'experiences' of parental depression. The book has also been recommended by the APA (2016), Little Parachutes (n.d.)–a site devoted to providing books on children's experiences–and by Van Volkinburgh (2012). Finally, though Andrews's (2002) written text does not focus on a mother or father with depression, Nicole Wong (the illustrator) specifically depicts a mother with depression. This gender portrayal could promote unique participant engagement with gender. Lending possible authority to the text, it has been published through an APA-affiliated publisher.

Unlike the two other books, this book includes interactive or workbook type components and is told from the perspective of someone teaching a child about parental depression. The narration does not orient specifically to an individual parent (i.e., mother or father), but instead makes general claims about mothers and fathers with depression. Although the narration does not describe or follow the experiences of a specific family, the images reliably depict a consistent family across the text. The members of the family appear white and able-bodied. The dual-parent family includes a mother with depression, a son and a father, and the reader observes the family from a third-person perspective. The narrator describes how various forms of formal and informal support are available to the parent(s) and the child. Descriptions of possible treatments or interventions the parent might partake in are presented by the narrator, including such details as possible hospitalization and the diverse professionals that the parent might encounter and why.

After the narrator shares generalized information regarding parental depression and associated offspring experiences, the child reader is asked to reflect on their own experiences with the parent who has depression through drawing pictures based on the provided prompt–there are spaces to complete the activities in the book. For instance, the narrator describes how some

children feel in the context of parental depression and prompts the presumed child reader, to consider how they, themselves, feel. Not all activities in the book are drawing–for instance, there is also a section for the child to raise questions that they might have in the context of the parent requiring a hospital stay. The workbook communicates details about parental depression, prompts the child to consider their own experiences in normalizing and validating ways, and reassures the child (i.e., that the child is not responsible regarding parental depression).

2.3 Participants

I recruited participants through various sources, including an advertisement on the PAWS website and Kijiji, as well as poster advertisements throughout the community (mostly on outdoor poster locations and in public libraries) and on campus. A copy of the poster advertisement can be found in Appendix G. Upon initial contact, whether by telephone or email, I administered a brief demographic questionnaire (see Appendix H) that consisted of a few general questions to situate participants in the data as well as to screen them according to inclusion and exclusion criteria for this project.

I recruited 12 adult (aged 18+) participants, for a total of 24 interviews (two separate interviews with each participant). I justified this number based on the narrow criteria for participation. Specifically, I recruited participants who self-reported as having experienced depression while being a parent. I did not restrict participation to individuals who had been formally diagnosed with depression because what was important for this research project was that the parents self-identified as having, at some point, been a "depressed parent." Children's picture books on parental depression might be equally relevant to parents, whether they had been formally diagnosed as 'depressed' or had diagnosed themselves. It is also possible that individuals who self-categorize as parents who have had depression might be more likely to relate to the books that were read in the interviews than those who might identify less with their formal diagnosis. At the same time, to clarify whether a parent who reported formal diagnosis could relate to severity as outlined in the demographic questionnaire, I asked whether participants had been formally diagnosed and, if so, by whom.

I chose to exclude parents who had only, based on self-reports using the demographic questionnaire, experienced depression that was specifically in the antenatal or post-partum period. I chose to exclude these individuals due to the clearer association between depression during these periods and becoming a parent relative to depression more generally (APA, 2013). I

also attempted to exclude, based on self-report data using the demographic questionnaire, those parents who were currently experiencing a depressive episode. My reasoning for this exclusion was to reduce the risk associated with the research, i.e., that the readings and engaging in the interview(s) might worsen related distress. There were instances in which potential participants, upon phone screening using the demographic questionnaire, were not qualified for the project due to current depression and/or depression that arose only during anti-natal or post-natal periods. In these cases, I thanked the individual for his/her interest in the project, offered to provide more information related to the project if the person remained interested, and made a statement indicating that I could make available a list of mental health resources (those included in the consent form) if the individual would find them helpful. I did not place any firm gender restrictions on recruitment for this project, though I attempted to recruit both men and women. We provided participants with a $50 honorarium per interview.

If, during the interview(s), the individual appeared overly distressed, such as through crying, I politely asked the participant if he or she wished to continue or would like to stop (completely or temporarily). Though several parents understandably demonstrated visible emotional responses while engaging in the interviews, such as crying, there were no instances in which parents chose to postpone the interview. All participants took part in both interviews.

2.4 Methodology and Analysis

For this research project I adopted a social constructionist epistemology. Though there has been variation in how social constructionist positions have been claimed by researchers, Burr (1995) indicates some main ways social constructionist research deviates from more traditional approaches to psychology. She characterizes social constructionism as 'anti-essentialist' and 'anti-realist,' and as stipulating that knowledge is contextual (e.g., culturally and historically specific) and the product of social negotiation. Burr (1995), implicating language in a social constructionist perspective, argues that "the way people think, the very categories and concepts that provide a framework of meaning for them, are provided by the language that they use." (p. 7) This iteration of social constructionism focuses on language as 'social practices,' and on the characteristics of interactions between people; "[k]nowledge is therefore seen not as something that a person *has* (or does not have), but as something that people do together" (Burr, 1995, p. 8). The relevance of such an orientation can be seen in my weaving together of critical research

related to parental depression and the influence of reading and meaning-making as active and in continual negotiation by an array of actors.

Based on this position, I approached the data from the standpoint that there is no one truth or more accurate account of reality. Rather, there are simply different versions, which take place in specific interactional contexts, which can be used in multiple ways with various consequences. As such, I did not position variation in accounts across (and even in) the texts or accounts of reading transactions for this research project as problematic, but rather as probable and even a point of inquiry. I value variability in examining discursive tensions and apparent contradictions in the analyses presented. This epistemological position also fits with my research questions, as I was not interested in attempting to assess how "accurate" the accounts of parental depression "in" the books or parents' accounts were. Further, I was not interested in evaluating their truthfulness. Rather, I was interested in how parents engaged with the readings and talked about them. Similarly, a social constructionist position allowed me space and support to validate multiple accounts of reality, without positioning one account as more truthful. This position fits with current research ethics by facilitating non-judgmental encounters with participants, which might promote parental engagements with my potentially sensitive and culturally stigmatizing topic.

Given my use of reading and responding, I also considered theory from related fields, including Rosenblatt's reader-response theory (1978, 1995). Given its view of readings as unique and contextual, its pivot away from the notion of any single correct reading, and its emphasis on the influence of contextual transactions the impacts of which cannot be predetermined, this theory fits well with both a social constructionist epistemological position and a discursive methodology. There were a few areas of this project in which reader-response theory was particularly influential.

Rosenblatt's work was helpful in structuring my interview questions. I explicitly chose the wording of the interview questions based on a transactional orientation with the intention of asking not only efferently- but also aesthetically-leaning questions. Further, the transactional approach significantly shaped my understanding of the data from the interviews. More specifically, the approach helped me maintain a contextualized orientation to the interview data, in which I theorized that parents were responding, not to the physical text but their contextual transactions with it, which had implications for the claims I could defend. I had to be careful not

to ignore the text, reader, or reading context in my claims regarding parental responses and accounts.

As I was interested in how meaning is constructed through the linguistic structuring of accounts, including the functions of these various accounts, I used an approach to discourse analysis based on the work of Potter (1996), and Potter and Wetherell (1987), as characterized by six key components:

1. Language is used for a variety of functions and its use has a variety of consequences;
2. Language is both constructed and constructive;
3. The same phenomenon can be described in a number of different ways;
4. There will, therefore, be considerable variation in accounts;
5. There is, as yet, no foolproof way to deal with this variation and to sift accounts which are 'literal' or 'accurate' from those which are rhetorical or merely misguided thereby escaping the problems variation raises for researchers with a 'realistic' model of language;
6. The constructive and flexible ways in which language is used should themselves become a central topic of study. (p. 35)

This theoretical orientation and method of analysis fits well with the epistemological position of this research, and my specific research questions. For example, discourse analysis emphasises the ways language is used to construct various accounts, with an assortment of potential functions (Potter, 1996; Potter & Wetherell, 1987; Wood & Kroger, 2000). A social constructionist position recognizes that reality is constructed socially, it relies on and is shaped by language, and is contextual (Burr, 1995). Similarly, this form of analysis also fits with Rosenblatt's (1978, 1995) transactional theory, which shifts away from seeking a correct interpretation of or response to a text. For this research project I was interested in parents' engagements with accounts of parental depression and their potential consequences or social functions in responses to children's books on the topic. As such, the focus on language and accounts, including on their functions, as well as the critical approach to truth claims fits well with this overall project.

My discourse analysis utilized a more micro-level discursive psychology (DP) approach, which could more accurately be described as a critical discursive psychology (CDP) approach due to my simultaneous consideration of more macro-level issues as well (see Wiggins, 2016 for further differentiation of these approaches), given my integration of intersectional theory and emphasis on the social-cultural implications of the analyses. Sally Wiggins (2016) has summarized this wider CDP lens in her claim that "CDP is less concerned with the sequential aspects of talk (as DP is) and more concerned with the broader patterns of talk across a particular data set" (p. 46). Rather, she claims, "[w]hat is more important [from the perspective of CDP] is how these words draw on wider social meanings and make them relevant in the here and now" (p. 46). As such, in the context of the data, I reflected on the various macro and micro uses of language, and how they construct certain accounts of parental depression, each with particular interpretive consequences. In accordance with an orientation toward the function of discourse used, I expected a range of accounts of parental depression with a multiplicity of potential social consequences depending on the account's construction and context.

According to Wiggins (2016), subject positions are a main area of conceptual focus in a CDP approach. Davies and Harré (1990), seminal theorists in discursive positioning, detail this particular speech act as "the discursive process whereby selves are located in conversations as observable and subjectively coherent participants in jointly produced story lines" (p. 48). They emphasize "how each conversant conceives of themselves and of the other participants by seeing what position they take up and in what story, and how they are then positioned" (Davies & Harré, 1990, p. 48). As such, within the context of a CDP orientation, there are diverse possible positions that can be taken up by or allocated to a person; at times conflict is generated between positions, an issue that becomes particularly relevant to my analyses. Another discursive concept that recurs throughout my analyses is category entitlement (Potter, 1996), which relates to how "certain categories of actors are treated as entitled to know particular sorts of things, and their reports and descriptions may thus be given special credence" (p. 114). Since identity may provide a supportive overlap between positioning and category entitlement, I use this specialized concept in the coming analyses.

Aligning with a CDP approach that engages subject positions and positioning, I focused analyses on how categories, including subject positions (see Davies & Harré, 1990 for a more in-depth discussion of subject positions and positioning), such as 'parent,' 'offspring,' 'child,'

‘mother,’ ‘father,’ ‘carer,’ and ‘person with a mental illness,’ were constructed and negotiated by participating parents, including in the context of intersectional conflicts that seemed to arise and require parents’ discursive creativity in manoeuvring. Though I was sensitive to these uses of language, I did not restrict myself to examining them alone; rather, I reflected on patterns of language use that ‘emerged’ from my transactions with the data that were broadly relevant to the research question(s) I delineated.

A fundamental component of my analytic process was the importance I placed on immersing myself in the data. For instance, having been mentored to view analysis as occurring within, but also outside of, the explicit application of analytic concepts, I chose to transcribe each of the interviews and integrate the notations myself, rather than outsourcing this time consuming, potentially tedious, and perhaps seemingly menial task. I attempted to start the transcription of each interview as soon as possible following the interview in question. Rather than simply avoiding having the interview transcription tasks ‘pile-up,’ this helped me document interviews when they were freshest in my mind and allowed me to make adjustments to the interview questions between interviews, if needed. By the time main transcription and notations were “completed,” I had listened to each audio file on many occasions, had grown very familiar with the data and could formulate potential valuable avenues for more in-depth, explicit and active analysis.

During this later analytic stage, I completed many readings of the transcripts, starting with less directed readings (without applying a formal analytic lens or concepts). At first, I attended to anything that seemed interesting and/or to reoccur across interviews. When working with the printed and electronic transcripts, I made perpetual reference back to the audio files when needed. As I developed a sense of some very broad possible patterns and points of interest across interviews, I began creating thematic word documents composed of excerpts related to the patterns or points of interest within and across the interviews. When transferring excerpts to the thematic files, I tried to leave in some of the interview context (i.e., portions of the interview before and after the particular excerpts), resulting in large entries to work from. In some readings of transcripts and thematic excerpt documents, I used the margins to keep track of possible patterns.

To provide a more detailed description of an excerpt document, I will unpack my engagement with a file related to gender, here. As I was interested in possible issues of gender, I

noted occurrences throughout the interview documents in which gender was discursively engaged and then compiled a very broad and loosely defined thematic document of gender-related excerpts. Starting with such very broad topic-oriented patterns helped me include a range of ways gender was used. As I started with very broad pattern seeking, I was able to more easily compare potentially conflicting and/or competing uses of such categories as gender, because my criteria for inclusion was intentionally expansive. I reference gender specifically here only to clarify the nature of the thematic documents–I compiled a variety of such documents, and continually refined, revised, and added to them. If I noted a novel pattern across some interviews, or made a revision to a thematic category, I would then scan back through all the transcripts looking for possible related instances of talk. Returning to transcripts was, at times, also prompted by my simultaneous continued engagement with the scholarly literature.

Using these documents, I then completed a careful reading of the compiled excerpts with several orienting questions (to the function of discourse) in mind: what is going on in the talk; what contributes to the talk in question being interesting; what are parents doing with language and why might these acts matter in the particular context; what are parents accomplishing through talk? Continuing with the example of gender, I read and re-read excerpts in each compiled document, noting any possible areas where patterns I had identified could be narrowed further, including those related to what parents were 'doing' with gender. I made references back to transcripts when working with thematic documents as needed. For instance, though I might have a gender file, within that file I could notice something discursively significant about how gender was used and I would then return to the transcripts looking for similar instances (i.e., including instances that might have occurred outside the context of the focused topic of gender). Not only did this overall analytic process make the dataset seem more manageable; it also further reinforced my familiarity with and immersion in the data.

Eventually, I selected a few patterns in talk of particular interest, that seemed to loosely relate to my research questions. Working more closely with the relevant data documents, I continued iteratively refining the analytic focus, including narrowing it and noting sub-patterns and variability, through several more actively overt applications of my analytic lenses to compiled broad pattern data files. Once I had chosen the discursive acts I would focus on and refined related excerpt files, I started to write very general but detailed analyses of individual exemplary excerpts, orienting to micro and macro discursive acts. In some instances, I had to

return to transcripts to locate newly relevant excerpts. The more intensive detailed analysis of particular excerpts helped me further focus my analytic lens and integrate consideration of more micro details in the discourse analysis. Initial write-ups included analytic details that were eliminated in the final analysis, due to irrelevance to the presentation of my main analytic arguments. While writing up the analysis sections, I continually adjusted the analytic focus, returning to data files as necessary.

In the final presentation of my analyses, I attempted to include a couple of examples for each category and sub-category, presenting the clearest/simplest exemplar first, subsequently moving to the more intricate and less clear occurrences. I chose to include as much context for excerpts as I could, without including overwhelmingly long extracts, though the excerpts I have included are rather lengthy, especially if evaluated from a DP approach that orients toward more micro details (see Wiggins, 2016 for further description of DP). I present this detail to facilitate critical evaluation of my arguments, as aligns with my more macro-level CDP approach to discourse analysis. Also in keeping with CDP, in presenting my analytic arguments I included not only micro aspects of language to detail how speech acts were uniquely accomplished but also used a more macro lens to draw patterns to show why/how these broader acts might matter (whether in the context of the individual interviews or broader social and cultural significance; see Wiggins, 2016 for further reflections on micro and macro discursive acts).

In the following sections, I present my two analysis chapters, each followed by an associated discussion section. The purpose of these discussions is to contextualize the analyses in the scholarly literature and critical theorizing. My more critical engagement with the analyses and research implications is reserved for a joint final concluding chapter. I made this structural decision to create a blended conclusion of the two analytic discussions to enable a more meaningful and nuanced engagement with their implications in conjunction.

2.5 Positionality

Aligning with my social constructionist orientation and given my role as a member of each interview dyad, in this section I briefly address details related to my positionality regarding this research. Similar to my reorienting toward the notion of interpretive parameters rather than 'limitations' (see Chapter Seven), I present this account for the purpose of positioning myself in the research project in order to support fair, critical engagement with the content of this research. Throughout the dissertation I have also attempted to present my chain of reasoning, such as

regarding how I developed my research questions, generated data, narrowed my interpretive lens, and formulated my claims (i.e., presenting evidence for analytic claims I make to facilitate evaluation of them).

2.5.1 Interests and educational background

I completed my BA in psychology at St. Thomas University (STU) in Canada, a Liberal Arts university that primarily offers undergraduate programs. STU houses the Centre for Interdisciplinary Research on Narrative (CIRN), and during my time at STU I had classes with members of CIRN and attended guest lectures hosted by CIRN. Relatedly, I took courses from a variety of disciplines (psychology, sociology, gerontology, etc.). Being exposed to such a diversity of disciplines introduced me to the value that differing approaches could add to the discussion of a given topic and supported my development of an appreciation for interdisciplinarity. I also took several courses in which issues of gender and broad social inequities were directly and indirectly highlighted and I encountered several professors who supported critical thinking regarding the status quo.

Upon completion of my BA, I sought a psychology program that would allow me to continue to engage critically with the status quo regarding psychology. Consequently, I pursued graduate training in psychology at the University of Saskatchewan (USASK) in Canada through the Culture, Health, and Human Development program (CHHD). USASK gave me the opportunity to work with supervisors who conduct and support critically oriented research, including in mental distress, and interdisciplinarity is embedded in the CHHD program. Given the critical and interdisciplinary orientation of my program, supervisors, and committee members throughout my graduate experience, I developed my research interests and skills in an educational environment that facilitated the development of a strong foundation in critical thinking, including through creativity and cross-disciplinary discussion.

2.5.2 Personal background

Perhaps like many psychology students, my life has been touched by issues of mental distress and/or mental health struggles – individually, in my close social networks, and more broadly. Relatedly, I have witnessed and been the recipient of stories about financial stressors and poverty, unemployment, food insecurity, infidelity, suicidality, abuse (physical, emotional, sexual, etc.), interpersonal conflict, trauma (individual and intergenerational), grief, addiction, divorce/separation, social discrimination, racialized aggression, resilience, and mental distress

that could have been and/or was identified under a variety of DSM diagnostic categories. I have been aware of and visited members from my close social network who have spent time as an inpatient of a psychiatric ward. On a more individual level, I have at various times struggled with mental distress that manifested in diverse ways. I have engaged in a variety of 'self-help' practices, including but not limited to counselling/therapy, peer support/support groups, therapeutic writing, informal mentoring, and psychopharmacology. These exposures and experiences, in conjunction with my educational orienting toward criticality and interdisciplinarity, have supported my interest in the interrelation of social issues, as well as my curiosity in the implications of using a more de-individualized lens regarding mental distress. Yet, these same exposures and experiences simultaneously help remind me of the importance of not losing sight of, and of maintaining respect for, the lived experience of mental distress in my critical engagements.

2.5.3 Personal impact

Through having taken part in the current research project, I believe that I have experienced significant growth as an academic and on a more personal level. This research project contributed to my being exposed to bodies of literature, such as Rosenblatt's work on reader-response, that I had limited exposure to beforehand. Similarly, it provided me with the opportunity to spend more time in other bodies of literature, such as intersectionality. Though I had previous exposure to intersectionality, this project allowed me to build a stronger understanding and appreciation of the nuanced lens it can provide. As such, this project allowed me to add invaluable 'tools' to my toolbox as a researcher and to practice using them to help me broaden and diversify the types of questions I ask and the ways I am able to make meaning of and approach topics. Engaging in this research project also helped me further understand my personal engagements with therapeutic sharing (i.e., in the form of creative writing) and the personal importance of making space for creative expression and reading.

Chapter Three – Analysis One

3.1 "Talking About Mental Illness is Important, but Depression Can Get in the Way!": Depression and the 'Depressed-Self' Silence Discussion of Parental Depression

In this first analysis, I discuss how parents' talk about sharing experiences of parental depression works to overtly and covertly silence depression through creative distancing from the telling context. A demonstration of this creativity can be seen in parents' frequent claims of supporting discussion of mental illness as something they value, which aligns with research indicating parents with a mental illness desire and value sharing with their children related to parental mental illness (see Riebschleger et al., 2014), while also building accounts of the diverse ways they support(ed) silencing depression. Silencing takes such forms as parents' claims to a removal or disqualification of the 'depressed-self' from the category of productive, realistic or ideal sharer, and shifting the significance of their implication in, and responsibility for, sharing. Parents imply not only that claims to silence warrant justification but also that possible identity-related vulnerability can occur in parents' talk of depression-related sharing, particularly in the context of the parent-child relationship.

3.1.1 "We can talk about parental depression, but parental depression itself shouldn't actually be seen or heard: Don't bring depression with you to the conversation."

Parents structure depression as something that can be talked *about* but that should be limited in its *enactment* during the telling. The share-ability of parental depression in this way is seemingly split along what could very loosely be categorized as didactic and experiential lines, the former being more sharable, and the latter requiring defenses such as disclaimers or qualifications. When erecting boundaries to sharing, parents build various defenses that distance them from the vulnerability of being someone who supports hiding–or silencing–their depression.

3.1.1.1 Bob (Interview 2 of 2; Previous book: Why are you so sad?); Enacting depression-related emotions in parental depression talk undermines sharing. After having read the two storybooks and in making comparisons between them and the workbook, Bob claimed a need to screen books on parental depression before reading them with his children. Given the possibility of a more emotional sharing negatively impacting the efficiency with which more 'objective information' is transmitted, selective silence becomes justifiable for Bob, even from the position of sharer. Overall, Bob defends his position as a sharer, despite an account of restricting, based on his position as a (protective) parent enduring depression.

BOB: […] Whereas the **other** books were written f- again, from the viewpoint of the **chi:ld,** and kind of, a child expressing what **they** might be feeling at that point in time, which *[CB: M.]* uhm.. it seems a lot mor:e **emotional** to read it cause you're always **questioning** if your kids are **feeling** that way, and to kind of have that echoed **ba:ck** it uhm.. yeah, it does- (?) **trigger:s:** a response, whereas **this** I just **read** [Book: Why are you so sad – a workbook] it and it's uh, it's like reading a **news** article, it doesn't- *[CB: M.]* It's just **fa:ct** to me, that's what it is, it doesn't: come across emotionally to me?
CB: M. .. And- and do you prefer one of the.. styles in terms of the books?
BOB: Well I would say this was definitely **easier** for **me** to read, ((slight exhale)) and if I were to be reading it with my **kids** u:hm, like those **other** ones I would- ((slight exhale)) knowing how I **responded** I would want to read them at least a **few** times over to myself before I even got my **kids** invo:lved, to make sure I **could**.. **control** *[CB: M.]* my own emotions while doing it, at least to some degree? ((inhale)) Whereas this I wouldn't have any problem sitting there and reading it **to** them, working through it **with** them, and, you know, **not** being worried that I'm going to u:h **choke-up** or **tear-up** because of it and then have to explain **why** to them:, and..
CB: Hm. .. So, in term- in terms of that difference in terms of how- ((inhale)) *how you take it up for example, like y- like you said you'd read the other ones a couple times* ***before*** ((inhale)) [BOB: Yeah, I would-] ***potentially*** *reading them, ((inhale)) and- and this is one you could just kind of r-* ***read*** *to them for example.=*
BOB: =Yeah, like I think I could have **read** this: to them without ever having **read** it before, and not have u:h been **worried** about having.. having that emotional response right in **front** of them, and then having to ex**plain** why I'm having that response, ((inhale)) *[CB: Hm.]* ((clears throat)) which I think would uhm, like I'm taking this from the perspective of using this book to help teach my kids about what's going on, ((inhale)) and I think u:h, getting all choked-up in front of them would be: really **hard** for them cause they're going to be questioning it, **why:** that is, a:nd trying to ex**plain** why that's happening while at the same time trying to teach em about it is uhm I think gonna **cloud** the issue?
CB: Hm.

> BOB: make it **harder** for them to: <**distinguish,** like> they'll be in:.. you know, that uh "what's **wro:ng**, what's **happening**, what do I **do**," ph**ase**, a:nd I think that's uhm, it's **harder** to **teach** when they're in that phase, when they're in the **worry** phase, the **upset** phase, *[CB: M.]* whereas if they're **ca:lm** and you were to sit down with them to teach em, it's: **easier** to **explain** things to em, without having to **deflect** and **explain** it.

Bob self-positions as someone who would try to avoid 'getting emotional' in front of his children while sharing the interview book(s) on parental depression with them. Expanding, he claims he would prefer to read such a book without his children first in order to enact emotional restraint, should the reading trigger him to cry or 'get emotional.' More specifically, if the reading were triggering for him, he would re-read the book several times in advance to desensitize and assure himself that he would be able to control his emotions while reading with his children. His crying, he argues, would only worry or confuse his children during the sharing– "they'll be in:.. you know, that uh 'what's **wro:ng**, what's **happening**, what do I **do**,' ph**ase**, a:nd I think that's uhm, it's **harder** to **teach** when they're in that phase." As such, he constructs sharing as best done factually (not emotionally), creating a socio-culturally familiar dichotomy between emotion and rationality, and thereby defending his social silencing of depression. Instead, he structures restraint as a means of promoting effective teaching interactions–"a:nd trying to ex**plain** why that's happening while at the same time trying to teach em about it is uhm I think gonna **cloud** the issue?" As I argue below, in this defense of restricting, Bob subtly indicates that distancing depression-related emotions from the sharing context might be in tension with and risk his category entitlement as someone who supports social openness to, and acceptance of, mental illness.

A way Bob mounts this identity defense of restricting is through intellectualization and the employment of emotion categories (see Potter, 1996; Wiggins, 2016). Here I am not making claims to Bob's thought processes or overt enactments of 'emotion' but rather referring to his defensive work in an interview that positions his account of hypothetical restriction as logical, based on a self-association with rationality (which he links to efficacy). For example, Bob associates emotional restraint with factual and effective telling. In this way, he explicitly positions a more emotional telling as less efficient (i.e., requiring preparation in advance of sharing), claiming that emotions cloud the sharing of 'facts.' Further, he indicates that if

emotions did end up coming up during the sharing he would need to deflect his children's related inquiries ("getting all choked-up in front of them would be: really **hard** for them cause they're going to be questioning it, **why:** that is"). According to Bob, it seems that sharing parental depression with one's children should be didactic rather than experiential, objective rather than subjective.

Though Bob does not completely reject the 'more emotional' sharing, he clearly presents detached telling as more desirable. This ambiguous negotiation of and claim to sharing allows Bob to engage critically with sharing, including defending restricting, while distancing himself from being positioned as someone who silences depression. More specifically, in not completely rejecting the 'triggering' reading (he would simply need further preparation for sharing the reading with his children), he allows space for validation of an emotionally-oriented telling. Though, such an ambiguous self-positioning regarding sharing (i.e., where there are degrees of shareability based on diverse characteristics such as context, purpose, and how the sharing is done) could weaken his claim to the sharer position. This obscuring rationale also works to defend his potential access to the category of sharer, because his sharer position is neither fully affirmed nor disconfirmed.

Bob's claim to restricting emotional sharing can also be understood as a defense of his access to and category entitlement regarding the position of engaged and caring parent. This implication of his parental position can be seen in his explicit reference to one of his readings, which had been triggering because of his concerns about the well-being of his children. Specifically, he articulates that "it seems a lot mor:e **emotional** to read it cause you're always **questioning** if your kids are **feeling** that way, and to kind of have that echoed **ba:ck** it uhm.. yeah, it does- (?) **trigger:s:** a response." As such, beyond his construction of contrasting ways of telling using rational or didactic relative to emotional categories, he identifies his concern for his children's well-being as a main driver of his practice of silencing of parental depression in teaching contexts with his children. This contextualization facilitates a movement away from positioning his act of silence as serving the purpose of stigmatizing mental illness. More specifically, Bob explicitly emphasizes the stakes (see Potter 1996 for further discussion of the use of stakes in discourse) that inform his silence. His parental position informs a larger vested interest in maintaining strategic silences, than his position as a sharer regarding mental illness. His emphasis justifies and re-casts the silence as responsible parenting.

Another more tangential intersection between Bob's characterization of his sharer position and his category entitlement (see Potter, 1996 for further discussion of category entitlement as a discursive concept) as a parent can be seen in his overall orientation to parental control in the hypothetical transaction with his children. For instance, he states "knowing how I **responded** I would want to read them at least a **few** times over to myself before I even got my **kids** invo:lved, to make sure I **could**.. **control** *[CB: M.]* my own emotions while doing it, at least to some degree? ((inhale))." Some researchers have highlighted how orienting toward parental enactment of control and protectionism is associated with discourses of good parenting (Assarsson & Aarsand, 2011; Bradford, Burningham, Sandberg, & Johnson, 2016; Fraser & Llewellyn, 2015; Widding, 2015).

Globally, in this excerpt, Bob actively struggles to negotiate his category entitlement and stakes (see Potter, 1996) as parent and sharer through creative maneuvering around possible negative identity implications of each role for the other. Specifically, Bob seems to imply that parenthood contributes to silencing mental illness, which then reorients one's position as sharer. However, Bob uses points of intersection between these identity positions to build mutual support between the identity positions.

In the next excerpt, Leahya expands on this notion of restricted sharing for the purposes of efficiency and child protection, though she does so with slightly more nuance than Bob, bringing attention to the role of sharing context more broadly (i.e., beyond consideration of the intended audience). She argues that the relative value of each form of telling might vary not only by intended audience, but also by social context and the presence of a diversity of direct (i.e., intentional) audience members and possible 'overhearers.' As a result, the parent's position as agent responsible for sharing and silencing their own depression is reduced through the implication of an actively involved audience (even if only subtly and indirectly).

3.1.1.2 Leahya (Interview 2 of 2; Previous book: Why are you so sad?): Silencing enactments of depression, but only in certain contexts. Through constructing various public settings in which depression is partially silence-able, Leahya builds a contrast between the implied shareability of parental depression in public and private settings. Through this constructive work, Leahya defends limitations to sharing (parental) depression (including her claims to her own past restraint), while simultaneously reinforcing her category entitlement as someone who values depression-related sharing.

CB: And- and actually, when- when you say like "there's a ***place*** [LEAHYA: Mhm.] *for that," kind of thing,* [LEAHYA: Mhm.] *I wonder if-* ((inhale)) *if you might have like an* ***example*** *[or, kind of what that would kind of?*

LEAHYA: Oh yeah **totally**! ((inhale)) Uhm if] the **child** has friends over? and they're all, you know, **visiting** or ((inhale)) watching **TV** together or playing a **ga:me** or there's maybe a **birthday** party? *[CB: Hm.]* ((inhale)) and that depressed parent is there? ((inhale)) uhm, that would be a **r(h)eally** good time for that parent to put energy into ((inhale)) **projecting** a **persona** of, you know, **enjoying** the **children**, **happy**, ((inhale)) you know, even though that zaps their energy ((inhale)), uhm, I feel that it's something that's still **doable**, *[CB: Hm.]* because it's gonna have an **end**, you know, *[CB: M.]* the **party** will be over, the **children** will leave, ((inhale)) and so- but **that** would be uh a opportunity, **also** ((inhale)) uhm if there was an activity at the **scho:ol**, and the parent had to go, ((inhale)) a parent **teacher** association meeting or something like that, ((inhale)) uhm, and my understanding is now that ((inhale)) uh when there's parent teacher meeting, I think I heard this on the **news** recently, that ((inhale)) uhm **children** go now **too, with** the *[CB: M.]* parent, ((inhale)) so uhm, ((inhale)) that might be another situation, <I think> it would be okay that the teacher was **to:ld** ((inhale)) *[CB: Hm.]* that the parent is in a depression? ((inhale)) But I think during- if the **chi:ld** is **ther:e**.. uhm, ((inhale)) ((speaking more quietly until next "why")) it's funny I'm having feelings about this, I don't know why:, but, ((inhale)) so, if the **child** is **there** and the **parent** tells the **teacher**, ((inhale)) "this is what g- what's going on," <and they say it in front of the child,> right, ((inhale)) uhm, but yet while they're there **talking** about, it they're not ((inhale)) >**enga:ged** in that ((slight exhale)) **s:a:d** ((inhale)) **dr:a:wn** look,< ((inhale)) they're *[CB: M.]* just sharing it **objectively**, you know, "**this** is what's going on with me right now, I just want you to know because," ((inhale)) you know, "Suzy or Johnny's," you know, "**seeing** me like this every day," so, yea:h.

CB: ((quietly)) Hm. ((inhale)) So it's like, if I'm understanding correctly, it's like it's not that ((inhale)) uhm, ((slight exhale)) you don't want the teacher to know, like it's fine for ((inhale)) a ***teacher*** *to* ***know****, kind of thing,* [LEAHYA: Oh yeah!] *but it's ((inhale)) uh in*

the context of with the child there [LEAHYA: **Absolutely**.] *with the teacher kind of* [LEAHYA: **Yes**.] *[negotiating that, kind of.*]

LEAHYA: Yeah, ((inhale)) because then] **again** that's not kee- that's no:t ((inhale)) uhm putting energy into the whole **silence** routine, you know, *[CB: M.]* again it's another **adult** ((inhale)) that this can be **shared** with, and the teacher can **know** that what that child's ho- household situ**ation** is right now **too**, ((inhale)) *[CB: Hm.]* the teacher sees something **different** in a child's **behavior:**, ((inhale)) uhm, maybe their **attention** during **classroom** time, ((inhale)) maybe their **homework**, uhm ((inhale)) interaction with some of the other **children** in the **cla:ss**, that- that would let the **teacher** know, "m," you know, "this is more under**standable** now," yeah.

CB: M. So providing the teacher that- ((quieter)) sorry excuse me, ((inhale)) that kind of understanding, kind of thing.

LEAHYA: **Yes. Yes.** I actually **ha:d** ((inhale)) uh an **experience** like this with my **da:ughter** when she was in.. u:h, ((exhale)) well we called it- back then it was called uh **junior** high, like, ((inhale)) uhm, ((inhale)) **seventh** and **eight** grade, *[CB: Okay.]* it was- ((inhale)) and- and the teacher **did** contact me, ((inhale)) so- and it was uhm, ((inhale)) it was a good- a good conver**sation** so, and it was important to **have**, so **yeah**, ((inhale)) yeah, and so, to go back to ((inhale)) uhm the times that a **parent** >**could** ((inhale)) put **forth** a different face,< yeah, it's- I think it's **worth** it, and there is a **place** for it.

As with Bob's focus on visibility, Leahya constructs limitations on sharing parental depression not as an indication that one should not discuss the topic. Rather, she specifically claims limits to visibly sharing parental depression in particular contexts, thereby helping to defend her position as a sharer while simultaneously discussing silencing. For example, Leahya indicates that she believes that the teacher of a child with a depressed parent could be informed *about* the parental depression (e.g., "<I think> it would be okay that the teacher was **to:ld** ((inhale)) *[CB: Hm.]* that the parent is in a depression?") and, in fact, this knowing could be beneficial and valued by the parent, as reinforcing her category entitlements to the positions of both sharer and parent. For instance, by providing information regarding parental depression, a child's problematic behaviors in school might be (re)constructed via exposure to the parent's depression rather than characterizing the child as maladapted. As Leahya states, "the teacher can

know that what that child's ho- household situ**ation** is right now **too**, ((inhale)) *[CB: Hm.]* the teacher sees something **different** in a child's **behavior:**, […] that would let the **teacher** know, 'm,' you know, 'this is more under**standable** now.'" Leahya associates sharing with potentially "good parenting" in the form of child protection that is in the child's best interest (i.e., protection from negative experiences at school due to others' lack of understanding of the family situation and its impact on the child's troubling behavior).

She further defends sharing as parental enactment of child protection through detailing a relevant personal (and therefore 'informed') account of sharing depression with her daughter's teacher ("I actually **ha:d** ((inhale)) uh an **experience** like this with my **da:ughter**"). She claims that this sharing improved her daughter's school experience and indicates explicitly that such conversations are important for protective and altruistic reasons ("the teacher **did** contact me, ((inhale)) so- and it was uhm, ((inhale)) it was a good- a good conver**sation** so, and it was important to **have**, so **yeah**,"). In moving from a more abstract and vague notion of the value of sharing to a detailed personalized account, she is able to add clout to her claims to the potentially conflicted positions of sharer and parent.

However, when in a parent-teacher meeting with the child present, the depression *can* and *should* (both modal verbs that imply the level of parental capability and obligation; see Wiggins, 2016 for further discussion of modal verb use) be actively controlled so as to obscure depression ("but yet while they're there **talking** about, it they're not ((inhale)) >**enga:ged** in that ((slight exhale)) **s:a:d** ((inhale)) **dr:a:wn** look,< ((inhale)) they're *[CB: M.]* just sharing it **objectively**,"). Put another way, she specifies that the depression should not be enacted during a parent-teacher meeting if the child is present, though the child and the teacher can both know about the depression (it just shouldn't be 'demonstrated' in certain contexts when the child is also present). Notable, again, is the use of the contrasting of emotion categories in the form of objective versus more emotional sharing (see Wiggins, 2016 for further discussion of emotion categories in discourse).

Parental enactment of symptom control when parenting "publicly" can also reflect claims to category entitlements related to parenthood (i.e., of 'good parenting') through parental self-sacrifice. This hint at parental self-sacrifice in reducing the visibility of depression is reflected in Leahya's multiple characterizations of hiding depression (i.e., 'acting as if') as requiring a significant amount of a parent's energy–"put energy into ((inhale)) **projecting** a **persona** of, you

know, **enjoying** the **children**, **happy**, ((inhale)) you know, even though that zaps their energy ((inhale)).” This restricting of the ‘depressed-self’ from the sharing context is positioned by Leahya as in the best interest of the child, despite the toll on the parent. In this instance, Leahya locates this restriction at the intersection of sharing contexts (i.e., how ‘public’ the context is) and identities (i.e., as a sharer and a parent who has depression), in her disclaimer that she might be able to enact restricting in order to maintain her category entitlement claims to parenthood as a person with depression. Her position as person with depression is reiterated through emphasis on the significant amount of personal exertion required to meet her parental obligation. Yet, even entitlement to the sharer position is reinforced and defended, if more weakly, through assuming a vague or ambiguous position similar to Bob’s. Her distancing from polar positions by building a more obscure sharer identity shows how claims to parenthood help defend the sharer position.

In summary, Leahya negotiates a position as someone who values sharing, while navigating the notion of boundaries to the shareability of parental depression. To convey her position as someone who simultaneously values sharing parental depression and protecting one’s child from certain aspects of that sharing, Leahya constructs restriction in accordance with enacting parenthood. In this way, the silence is distanced from being a silencing of depression itself for the explicit purpose of protective parenting. Consequently, silencing of parental depression can be re-evaluated as part of good parenting rather than a form of stigmatization that could call into question her category entitlement related to the position of sharer.

3.1.2 “At least leave depression out of your family photo; nobody wants to look at that.” Another form of covert construction occurs in an aversion to depression being visible in a family photo. This boundary setting takes place in the context of parents interacting with a reading (*Why are you so sad?*) of a family photo in which all members, except the person with depression, are smiling. This section of my analysis extends the previous one in which parents value sharing *about* depression, but only when done without overt signs of the depression. Despite the overlap, I separate this construction from the previous one because the hiding is not necessarily contextualized by explicit efforts to share parental depression. Rather, in the following three excerpts, parents enact a more subtle social silencing of depression by reducing evidence of the presence of parental depression in the family. As such, though parents defend their category entitlement as sharer by problematizing silencing, they do so while simultaneously hiding parental depression in the context of family photos.

3.1.2.1 Lynne (Interview 1 of 2; Previous book: Why are you so sad?): A sad picture is a bad picture, so it wouldn't be displayed. In this excerpt, Lynne constructs an aversion to "sad" pictures in one of her readings, associated with depression's appearance. Since she would not want to hang up such a picture, Lynne supports some silencing of parental depression, while claiming elsewhere to value sharing. Implications for parenthood are shown in Lynne's indication of the stakes in sharing a family photo where the parent visibly enacts depression.

> *CB: […] And what about, kind of you mentioned that like the* ***difference*** *for example, like the- on* ***one*** *page the- the:- ((words until next comma said quietly)) she's* ***turned*** *in towards the family and on the other page ((inhale)) uhm it's* ***different****, how does that kind of* ***difference*** *fit for you for:.. ((next two words said more quietly)) parental depression, <or* ***any*** *of the> ((rest of sentence said quietly)) differences that you indicated?*
> LYNNE: Uhm ((exhale)), **yeah**. .. The **body** languag:e.. says a lot about a person, I guess, like… like, **yea:h**, for **me:** like,.. I could see**:**, yeah, being like **happy** in these photos? as-like **this** photo? ((small laugh)) as a **family**? Uhm ((slight exhale))... I would **think**, I don't know:, this **picture**.. you can **tell** she's **s:a:d**, so:.. ((inhale)) **I** wouldn't want to hang up my picture, my family picture if I lo(h)oked all s(h)ad li(h)ke th(h)at ((slight laugh)), I would be like "aw:, this is a really b(h)ad pi(h)cture," ((both small laugh)) ((inhale)) like you can **see:**- I don't kno(h)w ((exhaling small laugh with previous word)).. **Yea:h**, they look all **happy** ((small exhaling laugh)). .. I don't know ((slight exhale)).. she kind of just looks **lo:st**, ((very small exhaling laugh under breath)) I guess.
> *CB: Hm.*
> LYNNE: Uhm, and that's probably what **I** would look- **I** look like when I'm depre(h)ssed, so.

In this brief excerpt, Lynne argues that she would not display a sad picture – "**I** wouldn't want to hang up my picture, my family picture if I lo(h)oked all s(h)ad li(h)ke th(h)at ((slight laugh)), I would be like 'aw:, this is a really b(h)ad pi(h)cture.'" She emphasizes that a sad photo is not only bad, but "really b(h)ad." Lynne does not reject such displays of sadness as part of parental depression; rather, she claims that parental depression should be silenced in outward portrayals of the family, such as photographs. She uses a hedged claim that she would look like

the mom in the sad picture ("that's probably what **I** would look- **I** look like when I'm depre(h)ssed, so.") but that she would hide this aspect of parental depression.

3.1.2.2 Bob (Interview 2 of 2; Previous book: Why are you so sad?): It's normal to fake a smile for a picture, though just because the person with depression is smiling does not mean they are faking a smile. In the next extract, Bob normalizes hiding depression for the purposes of a family photo, a positioning he also minimizes in significance (see Potter, 1996 for further discussion of minimization/normalization). Yet, by contrasting the emotional categories of happy versus 'faking happy' (see Wiggins, 2016 for further discussion of the use of emotion categories in discourse), he also introduces ambiguity toward his position of sharer. He is able to use 'faking happy' as a possible qualification of his silence in a way that further distances the silence from an interpreted act of hiding depression. His qualification weakens the possible characterization of such a photo as being a disingenuous form of hiding. He defends the role of sharer by questioning the constancy of depression and its visibility. In this way, he introduces alternative interpretations (i.e., to a happy family photo hiding depression) to explain the lack of recognizable displays of depression in a family photo.

> BOB: […] < I mean there's> lots of **imagery** her:e, ((slight exhale)) I know, not just from these first couple **pages**, but from having **read** the book, of uhm.. of the mother, you know, looking **s:ad** and **depressed**, which.. **obviously** is: **intended** because I mean that's what this book is **about** is the de**pression**. Uhm, this first full page here where we've got a whole bunch of portraits: a:nd, most of them show: the **family happy** and ((slight exhale)) everybody doing **well**, important moments in life, you know, the same pictures everybody has on their w(h)all. ((inhale)) And then you got uh again a **re**-hash of the that big one of the uh **cover** page with the mom looking quite **sa:d** in the f- portrait. .. A:nd uhm.. yeah, I think u:h:, I don't know that you'd actually **se:e** a portrait **like** that cause I think a lot of times people try >to **hide** that for the-< towards the exterior and, you know, they try to put the happy face on their pictures. ((inhale)) Uhm, ((slight exhale)) I don't know if that's much of a **response** at all but u:h, *[CB: ((very quietly)) Definitely.]* that is: how it just kind of: **feels** there, but obviously the point of this is to show that uh, people do **feel** this way, ((slight exhale)) and uh, showing it isn't- isn't a **bad** thing, doesn't **detract,** by **any** means.

[…]

CB: ((quietly)) Uhm and I wonder what contributes towards that kind of being expected, kind of thing? ..

BOB: Well I guess just knowing the **content** and knowing the u:h ((slight exhale)).. the situ- well, not situation, but knowing what the **purpose** here is, which is ta:, you know, start teaching kids about de**pression**, ((inhale)) so:, **yeah**, there's going to be: **imagery** of that that's gonna show **up,** and probably most of the u:h illustrations are gonna: have some sort of **elements** of that, which, you know, they **do**. Uhm.. having the happy: contrast on the **one** side, I mean, that's how:, like I said, **mo**st pictures end up is people try to put the **happy** face on and, you know, and probably in a **lot** of those pictures they **are** happy, like the- ((inhale)) the depression isn't a permanent thing, you know, especially at the big **events**.. like the **wedding** and, you know, those things ar:e- people are generally **happy** at even if they ar:e depressed in **general**.

CB: ((starts quietly)) Yeah. And the other page kind of being like that one that's- ***wouldn't*** *necessarily kind of- ((inhale)) most* [BOB: Yeah, like that.] *people don't take that kind of picture, kind of thing.*

BOB: Yeah, when you do a family **portrait** like that, whic:h is what it **is**, you know, the **parents**, the **child**, the **dog**, it's: a family portrait, you know, people put on their smile, ((slight exhale)) jus- whether or not they're **feeling** that happy they'll still put on the smile for the **picture** ((slight exhale)) just to take the **picture** cause, **that's** why people take pictures, ((both slight laugh)) ((inhale)) they want something that shows everybody **happy**.

CB: ((very quietly)) Yeah.

BOB: So uhm, if I were to think that u:h **most** pictures would generally end up like that, I don't- like I think like that uhm ((slight exhale)) the **mother** would, you know, **muster** up that **smi:le** even just for that minute to take that **picture**, cause that's all it is is a smi:le, it's not uh.. you know, a **general reflection** of the mood, it's a **snapshot** in time, 10 seconds in time, *[CB: Hm.]* ((inhale)) and people **will fake** that just to get the good **picture**. … Yeah, like the general.. **imagery** in here.. is what I would expect from a book about de**pression**, there's.. you know, a lot of: being do:wn, being **sa:d,** ((slight exhale)) uhm..

Bob states that it is expected that a picture in a book on parental depression would depict the person with depression (the mom in the case of the reading in question) looking sad. At the same time, his silencing of parental depression takes the form of a normalizing argument (through implied consensus) that such a photo, even though outward appearances of depression are expected, would not be taken. More specifically, he states, "people **will fake** that just to get the good **picture**" and "whether or not they're **feeling** that happy they'll still put on the smile for the **picture** ((slight exhale)) just to take the **picture.**" Like Lynne, he implies that to enact sadness by not smiling for a photo is equivalent to not getting a good picture. He implies that the purpose of taking pictures in general ("**that's** why people take pictures,"–implying a general social consensus) is "they want something that shows everybody **happy**." He disagrees that such a commonplace act is evidence of overt silencing of depression by constructing photos as inherently partial, i.e., a photo does not have to be "a **general reflection** of the mood."

Though 'faking happy,' according to Bob, can require much effort, he minimizes this difficulty by implying parental ability. Since the parent would be required to smile for just a short period of time to get the photo, it is not an unreasonable request–mom can "**muster** up that **smi:le** even just for that minute to take that **picture.**" When Bob argues that the mother could force a smile for the picture, he communicates not only the ability but also the responsibility of the parent to enact control over their depression, when it is in the best interest of one's family. Further, the emotional category of faking happy in a photo of a parent with depression seems to present some risk to the category of parent. To say that the parent is 'faking happy' holds the possible implication that the parent would not normally be seen smiling or appearing genuinely happy. 'Faking happy,' constructs 'real life family experience' not to include a depressed parent who performs overt happiness for family photos.

However, Bob takes a step back from his normalization of 'faking happy' by revising his claims to emotional categories and how they relate to such a depiction. More specifically, he claims that maybe parents with depression, in some instances, do not even need to 'fake happy' and hide sadness because they could have periods of being happy, despite the depression. For instance, this introduction of ambiguity regarding emotion categories and their identification can be seen in statements such as, "probably in a **lot** of those pictures they **are** happy, like the-((inhale)) the depression isn't a permanent thing […] people are generally **happy** at even if they

ar:e depressed in **general.**" In this way, a family with a depressed parent looking happy in a picture does not necessarily mean the family is hiding or silencing depression. This leaves space for claims for the sharer position even in the context where family photos do not show identifiable enactments of depression. As such, Bob distances the picture of a happy family from the threat of silencing parental depression.

3.1.2.3 Charolette (Interview 1 of 2; Previous book: Why are you so sad?): Sharing a sad picture might make people think that I can't parent. Making the link to parenthood more explicit than in the two previous excerpts, Charolette constructs a tension between claiming entitlement to sharer and parental positions when discussing her support for promoting talk about mental illness (like anti-stigma discourse). Relative to the previous two excerpts, Charolette more directly defends prioritizing one's position as a parent over one's position as sharer. Charolette positions herself as someone who would not take or display a sad picture, even though she situates this portrayal of sadness and lack of presence as a reality in her own family's experience of parental depression. Through her construction, she subtly defends silencing parental depression by indicating that the sad picture shows how her family is, at times, and she would not want to display a picture depicting that. Yet, as with previous participants, she adds further nuance and complexity to this self-positioning to defend her entitlement to the positions of parent and sharer, to varying degrees.

> *CB: Uhm, an- and so when you say like* ***triggering****, like I wonder ((inhale)), like w- if you could elaborate* [CHAROLETTE: ((inhale))] *just a little bit on- on that, kind of thing.*
> CHAROLETTE: Uhm… It's **hard** ta- like mental illness is **hard** becau:se ((inhale)).. you can't **contro:l** it? And I guess like, to **think** about how:- like ((small exhale)), ((inhale)) I would never take a- **actually,** that's a l- ((inhale)) I would never take a picture when I wa:s like **unwell?** Or like I'd never take a picture like tha- this being **sa:d** ((inhale)), but, th- that's like a **reality** I guess in- in our life? In my **family's** life? **So**, uhm, ((inhale)) I guess it just, like, for a lack of better word, it just kind of **sucks** to think that this is like re**ality:**, this is how it **is** sometimes, like with my- ((inhale)) my son and my partner **smiling** and looking at the **camera** and I just like ca:n't ((slight exhale)) uhm, I'm not able to::.. **be** there?.. Mentally or- or uhm, like **emotionally**? .. ((very quietly)) Yeah. ..

CB: Uhm, an- and you mentioned like you wouldn't- you wouldn't ***take*** *that kind of photo, you know* [CHAROLETTE: Mhm.] *what I mean? Like. ((inhale)) And I wonder like ((inhale))* [CHAROLETTE: ((clears throat))] *what con****tributes*** *towards like that idea that,* [CHAROLETTE: ((inhale))] *you know, you wouldn't* ***take*** *that?=*
CHAROLETTE: =((inhale)) I think that there is a lot of **s:tigma** and- and uhm, ((inhale)) like I have **anxiety** as **well,** and a lot of my:- uhm:, I try to compensate through **perfectionism** a lot of the time? ((inhale)) **So:**, that's like a lot of like outside image like what people **se:e** and everything, so, ((inhale)) uhm, like I wouldn't <take a picture>, I wouldn't want people to **see** it, I wouldn't wa- **I** wouldn't wanna look at it? Cause I don't want to think about **how:**- ((inhale)) uhm:, how I **look** when I'm.. un**well**, I don't wanna- you know, I don't want other people to think ((inhale)) that I can't **care** for my **s:on,** so I wouldn't want **them** to see that side? ((inhale)) Uhm, I've **started** opening up a little bit more about my mental illness? But, like not about the **messy** stuff, ab(h)out ((laughs)) like, ((inhale)) ((cheery tone)) "I have a mental **illness** and **I'm** okay with myself so I can talk about it," you kn(h)ow ((laugh)), ((inhale)) but not uh: ((small exhale)).. ((gets a bit quieter)) not like **that.** Not like a **sad** picture ((small laugh)) when ever(h)yone- ((inhale)) you know, *[CB: Mhm.]* when life is going on around you and you can't participate. ((inhale))..

Charolette sees links between her position as a parent with depression and as a sharer as someone who promotes further discussion of mental illness (i.e., anti-stigma talk), including sharing her own experiential account of mental illness, within certain limits. For example, she states "I've **started** opening up a little bit more about my mental illness? […] ((laugh)), ((inhale)) but not uh: ((small exhale)).. ((gets a bit quieter)) not like **that."** That she makes this reiteration after claiming that she would not share a sad photo indicates her awareness that such claims might call into question her position as someone who promotes open discussion of mental illness. A further development of sharing that is off-limits, according to Charolette, is what she terms "the **messy** stuff" (i.e., "Not like a **sad** picture […] when life is going on around you and you can't participate"). She explicitly constructs stigma as an active contributor to such silence.

Further nuancing this identity tension, Charolette states explicitly that sharing conflicts with her social location as parent. For instance, enacting parental depression in a family photo

risks others claiming she cannot parent–"I wouldn't <take a picture>, I wouldn't want people to **see** it […] I don't want other people to think ((inhale)) that I can't **care** for my **s:on,** so I wouldn't want **them** to see that side?" Charolette defends her parenting position by arguing that, although she is unable to be present with her family during her depression, her lack of presence is very difficult for her–"it just kind of **sucks** to think that this is like re**ality:**, this is how it **is** sometimes […] I'm not able to::.. **be** there?.. Mentally or- or uhm, like **emotionally**?" In this way, Charlotte positions the lack of control and familial presence associated with parental depression as part of what is un-shareable, precisely because these aspects conflict with parenting values–calling her parenting into question. Charolette appears to claim, then, that when mental illness meets the family context, it becomes less shareable due to the role of the parent in the family and a stigmatizing social climate. As such, she defends silence from the position of parent, distancing it from the sharer position explicitly linked to mental illness destigmatization. In this way, her distinction works as a sort of disclaimer that, although she might silence, it's *not* because she stigmatizes mental illness.

3.1.3 "Let me just wait over there until the depression passes:" Absence from the sharing transaction as a symbolic form of silencing parental depression. In some instances, parents focus on restricting the "depressed-self" more broadly, as opposed to 'parts' of depression (i.e., the visibility of depression; see above). Parents subtly construct their depression-related sharing as perhaps best done outside the "depressed-self," thereby disqualifying this self as a valuable source of sharing. More specifically, some parents construct sharing as best relegated to a source other than themselves, or at least to be delayed until a time when the parent's self does not intersect with depression. Parents' use of this disqualification reduces the risk of their act(s) of restricting being an indication of their broader values and beliefs regarding mental health-related sharing (i.e., that they may not value sharing related to mental illness). Rather, they may value sharing, but might simply be incapable or in a situation that is not ideal for such sharing. At the same time, such nuance works as a disclaimer for the parent's limits on sharing as an indication of choosing to be a mental health silencer. Though some parents differentiate the "depressed self's" entitlements to sharing (i.e., relative to the non-depressed self or other), which allows some parental access to the sharer position, in other cases, parents disqualify themselves more generally from sharing (i.e., not just when they have depression). To

demonstrate this variability in parents' talk, I discuss examples in which parents paint their "general self" as a less than ideal sharer, below.

3.1.3.1 Snoopy694u (Interview 1 of 2; Previous book: Can I catch it): The parent might be inaccessible and unhelpful as a sharer due to the depression. One father builds a direct relationship between parental depression and the parent's deficits as a sharer on related topics. Snoopy694u positions the father from the reading (depicting a father with and mother seemingly without depression) as physically and emotionally absent and contributing to the lack of a sharing context for the offspring. What's more, he specifically characterizes the parent with depression as experiencing sharing interferences that originate from the depression, limiting the parent's control over sharing. Using various forms of extreme case formulation (see Potter, 1996 for further discussion of extreme case formulation in discourse), including portraying the parent as a *fully absent* and *incapable* sharer, he emphasizes and supports his claims.

> *CB: And you mentioned like his* ***mom*** *wasn't always..* ***ther:e*** *kind of thing=*
> SNOOPY694U: =**No**! Yeah, **exa:ctly**, yeah, she was never **there** for him so how could he talk to his **mom** if she's never **ther:e** so, ((inhale)) and **da:d** was- was in his **own** world so he couldn't talk to his **da:d either** because ((inhale)) his **dad** wouldn't obviously be any help for him cause he was *[CB: M:]* **depressed** all the time, so he just probably wanted to talk about **his** pro:blems, so ((inhale)), or not even talk at **a:ll**.

Snoopy694u constructs multiple interferences with parent-child sharing related to parental depression. First, he claims that the mother in the reading interferes with sharing through her absence–"How could he talk to his **mom** if she's never **ther:e?**" What's more, he also emphasizes this hindrance through an extreme case formulation–as she is "never **ther:e.**" At the same time, in the particular reading in question, the illustrated father seems to be the main character with depression, so the maternal absence and subsequent silence is more of an indirect silencing of depression through removal of a sharing context provided to the child by others more generally.

Snoopy694u goes on to make a more direct and explicit link between parental depression and impeded sharing through his construction of the father, whom he directly situates as having depression. Specifically, he constructs the father with depression as absent in a way that, like the

mother, stunts the possibility of dialogue between parent and child, but in ways that are unlike her absence also. He states that the father is "in his **own** world," which emphasizes the father's absence and lack of accessibility through metaphor. "A world of his own" seems to impart a tone of and emphasis on parental detachment, isolation, and distance. He explicitly links this inaccessibility of the father to sharing in his use of "so he couldn't talk to his **da:d either.**" His use of "so" situates the child's not being able to talk to the dad as at least partly a consequence of the father's being "in his own world." Beyond simply constructing parental absence as interfering with sharing, Snoopy694u directly implicates depression as complicit in obstructed sharing, across generations.

Adding emphasis to his linking of silence and the father's depression, he states "his **dad** wouldn't obviously be any help for him cause he was *[CB: M:]* **depressed** all the time." His use of "obviously" positions his link between parental depression and silence as common-sense, implying a certain level of social consensus regarding that relationship. Further, he emphasizes the significance of the link between parental depression and silence by using extreme case formulations (see Potter, 1996 regarding extreme case formulation)–the father would not be "any" help, is experiencing depression "all the time," and would not want to "talk at **a:ll.**" These uses of extrematization (Potter, 1996) emphasize his sense of the expansiveness of depression's problematic interferences with accessing the sharer position.

In a more hedging way (see his use of "probably"), he indicates that the father with depression might restrict sharing by limiting the topic of talk to the father's own issues rather than addressing his child's concerns. Specifically, he states "cause he was *[CB: M:]* **depressed** all the time, so he just probably wanted to talk about **his** pro:blems, so ((inhale)), or not even talk at **a:ll**." As such, the father adds nuance to the notion of accessibility to the sharer position by implying a contrast between types of sharing. Specifically, the parent might be able and want to share, but that not all sharing is equally valuable. Rather, he explicitly minimizes the possible value of the sharing a parent might be able to enact (through his use of "just"), implying that it is not full sharing or the most valuable form of sharing.

Yet, it should be noted that, this participant's construction of the apparently non-depressed mother's silencing through absence, and despite explicitly linking silence to enactment of parental depression by the father, he leaves space for the silence not to be fully accounted for by parental depression. Further, the parent with depression's sharer status is left rather ambiguous

given his qualification that the parent with depression might share, it just might not be the correct form of sharing.

Overall, Snoopy694u constructs various forms of parental resistance to depression-related sharing, by problematizing this silence. In contrast, in the next excerpt, Charolette not only directly situates herself as engaging in silence as opposed to theorizing silence more generally; she also nuances the evaluative understanding of such silences. For instance, Charolette introduces the idea that restricting can also be understood more positively, as a form of altruism.

3.1.3.2 Charolette (Interview 2 of 2; Previous book: Sad days): Absence of the 'depressed-self' can be interpreted as a problematic silencing, but it can also be a logical act of self-sacrifice. Charolette struggles to negotiate how sharing mental illness fits into her identity position as a family member and parent. Constructing *self*-silencing of depression as altruistic, Charolette speaks of quieting her depression as enacted from her identity as a parent (i.e., a parent muzzles depression to protect one's child), rather than as an indication of her position on mental illness-related sharing. Through selectively emphasizing her various positions, she shapes the interpretation of her silence in a way that emphasizes her efforts to be a good mother, rather than as limiting her commitment to mental health advocacy. As such, she can simultaneously maintain claims to the position of sharer, while defending her entitlement to the position of parent.

> *CB: Hm. .. ((inhale)) Uhm ((inhale)), and this might be kind of like uhm ((slight exhale)).. **v:a**gue I guess, but, ((inhale)) uhm, how does that kind of **idea** of like **life** goes on, kind of thing* [CHAROLETTE: Mhm.], *and like things still happening with- ((inhale)) uh in the context of parental depression, I wonder how that kind of fits into kind of the **overall** experience of parental depression, so with a parent, like every:-*
> CHAROLETTE: ((inhale)) Yeah, an- and it like **fits** into other peoples' experiences, are you talking about? Like, h:ow **I** experience it as well as how my family experiences it?
> *CB: I guess so:.*
> CHAROLETTE: Yeah. U:hm:.. ((inhale)) for **me**, for **my** experience, uhm, it i:s **difficul:t** tha- that life goes on, or i- it's.. **difficult** that.. ((inhale)) u:hm: ((small exhale)).. it's **difficult** for me to see things **happening**. It's difficult for me to like **know:** that things are happening? Like ((inhale)) w- u:hm, if my husband takes my son to the **park**, like, I **love** going to the park with my son, so it's ((inhale)) hard for me to know that they're like out

having fun? Like I **wa:nt** to be:- I **want** to go out, *[CB: Mhm.]* you know. ((inhale)) And sometimes I **do** kind of **make** myself w- and I **think** that **makes** it **worst**, cause I'm so **irritable** that like, my husband and I will just **fight** because everything he does pisses me ((slight laughing)) o(h)ff cause I'm sup- I'm just ((inhale)) sa:d and **irritable**. ((inhale)) Uhm, ((inhale)) from my **husband's** point of view I think that it i::s:-.. ((inhale)) **my** perspective on it is that it's **frustrating** for him that life goes on cause **he** has to pick up the pieces, and it puts more pressure on **him** to do things, cause ((inhale)) he'll often feel like he sort of has to uh like take **care** of me or like that he can **s:top** the- like he's **s:till** learning that **he** can't ((inhale)) **s:to:p** me from feeling sad, like he can't *[CB: Hm.]* **help** me:, in a way? ((inhale)) U:hm ((small exhale)).. a:nd, >I don't **kn:o:w** from my son's< experience, like I said before, like, ((inhale)) at **specific** ti:mes I think it a- it would affect him? But, ((small exhale)) **those** times I **usually do** kind of >**pull** myself to**gether** to **c:are** for him, to take **care** of him,< like uhm, he really likes it when I: do **bath**-time with him, ((inhale)) so, I'll **generally** try to do **bath**-time. Uhm ((inhale)), ((exhaling while speaking the first few words)) other than that I don't **know** becau- it might be **different** if I wasn't a s:- a **work** at home parent, a stay at home parent. Because we **do** get so much time together? like maybe if I was **workin:g** ((inhale)) then it would like **represent** a **r:eal** uhm.. ((inhale)) **chunk** of **ti:**- like if I was sad it would r- represent like a **real thing** that he's sort of **m:issing** because we're- only have a **bit** of time together? But, ((inhale)) *[CB: Hm.]* **because** we spend so much time together? I think that, ((inhale)) o- on the times that I: **am** actually like **so:** uhm, having such bad **sy**mptoms that I **can't** parent? .. Which isn't very **often,** ((inhale)) u:hm.. I think that maybe it just might be like he gets to go and hang out with **aunty!** Or, you know what I mean, it might *[CB: Hm.]* be kind of something **fun** for him, right **now**, ((inhale)) maybe as he's older that'll ((gets quieter for the next three words)) affect him differently.

Charolette self-positions as someone who values being present with her family regardless of her depression. Negotiating a related fracturing-off of the self into positions of tension (i.e., as someone who simultaneously wants to engage and disengages), Charolette constructs restricted sharing as a logical form of parental self-sacrifice. Unpacking this tension, even though she values being present with her family, including during her depression ("Like I **wa:nt** to be:- I

want to go out"), she relays that her presence could invoke a negative experience for the people (i.e., her family) with whom she interacts. Therefore, she establishes an account of her absence during depression as self-induced discomfort (i.e., such an absence is something "**difficult**" for her) undertaken for the well-being of her family (i.e., to reduce their contact with an irritable self). For example, she refrains from family trips to the park during depression to reduce potential conflicts elicited at least partly by the presence of her 'depressed-self'–"And sometimes I **do** kind of **make** myself w- and I **think** that **makes** it **worst**, […] I'm just ((inhale)) sa:d and **irritable**. ((inhale)) Uhm, ((inhale)) from my **husband's** point of view I think that it i::s:-.. ((inhale)) **my** perspective on it is that it's **frustrating."** Silence protects others from potentially undesirable experiences with the 'depressed-self,' allowing silence to be situated as altruistic rather than an enactment of stigma.

At the same time, as she constructs silence as defensible due to the possible negative impact on her family. Charolette makes a significant and explicit distinction regarding the hypothetical familial impact of sharing. Specifically, she states that the negative implications of her presence during depression would be particularly significant for her husband (i.e., inter-spousal conflict), which would imply a less direct impact of the presence of the 'depressed-self' for her son–"cause I'm so **irritable** that like, my husband and I will just **fight** because everything he does pisses me ((slight laughing)) o(h)ff cause I'm sup- I'm just ((inhale)) sa:d and **irritable**." Though she defends silence (in the form of absence) as serving the best interests of others, such defense imparts the risk of negatively impacting her position as parent. By stipulating that the interpersonal risks associated with parental depression might be disproportionately experienced by her husband (i.e., changes in distribution of parental responsibilities) rather than her son, she can shift the focus of risk away from her parental identity claims, while simultaneously defending her position as someone with a mental illness who is a sharer (she values sharing but must actively resist doing so, at times). She indicates her motivation for lowering impact on her son is due to her son's age, and her absences being filled by other people ("maybe as he's older that'll ((gets quieter for the next three words)) affect him differently") and her position as a stay-at-home mom.

Charolette also defends her parental position in the presence of depression by claiming an ability to exert enough agentic control over depression to be present when it matters most for her child (i.e., for bath time when her presence is important to her son). This claim to strategic

presence is prominent in her statement "at **specific** ti:mes I think it a- it would affect him? But, ((small exhale)) **those** times I **usually do** kind of >**pull** myself to**gether** to **c:are** for him, to take **care** of him." Though depression is arguably associated with a lack of control and functional impairment in broader social arenas, Charolette claims personal control when her depression status meets and jeopardies her category as parent. As such, she safeguards her parenting position from being spoiled by the absence and the lack of control associated with having depression.

Explicitly defending her claim to 'positive' parenthood, Charlotte states, "I think that, ((inhale)) o- on the times that I: **am** actually like **so:** uhm, having such bad **sy**mptoms that I **can't** parent? .. Which isn't very **often,** ((inhale)) u:hm.. I think that maybe it just might be like he gets to go and hang out with **aunty!**" Charolette's explicit minimization (see Potter, 1996 for further discussion of minimization in discourse) of depression's impact on her parenthood is shown in her specification that, though she concedes depression can impact her enactment of parenthood, she emphasizes that this risk is infrequent and mitigated. Her de-emphasis on the possible impact of parental depression could be interpreted as a form of minimization (i.e., of severity), which could weaken her claims by linking them to the enactment of stigma.

Paradoxically, by conceding that depression can impact her parenting, Charlotte distances herself from an extreme case formulation (see Potter, 1996 for discussion of extreme case formulation) of the topic, simultaneously defending her claim to 'positive' or 'protective' parenthood. She also separates her claims from a polarized position (i.e., of depression either impacting her enactment of parenthood or not) by situating these claims as based on personal experience. As such, she is not necessarily making claims about general facts regarding the impact of parental depression–she is only speaking to her own experience. By not completely rejecting the possible impact that being a person with depression *could* have on her family and child, she allows space to acknowledge and validate claims to impact while also distancing herself from this risk. This nuancing of evaluation strengthens her claims by making her position more ambiguous and therefore difficult to undermine.

Overall, Charolette constructs sharing and restricting in an ambiguous way that makes it unclear whether sharing and restricting of parental depression are valuable or problematic. She also leaves open the possibility of claiming the statuses of parent, person with depression, and sharer despite presenting details that could risk undermining her claims to each of these positions. Though this ambiguity makes her position unclear in relation to silencing parental depression, it

also defends her associated identity claims without undermining the credibility of her sharer position.

3.1.4 "Sharing about parental depression is a great idea, go ahead!" Extending this discursive pattern of restricting the 'depressed-self,' some parents also question the pragmatics of the 'depressed self' as a valuable and reliable teller. This invalidation is a form of silencing through subtle exclusion of the 'depressed-self' from sharing. It is important to emphasize that this is not synonymous with an overall devaluing of the self as teller; rather it is specific to where and when the self intersects with depression.

3.1.4.1 Lisa (Interview 2 of 2; Previous book: Why are you so sad?): Sometimes the parent with depression isn't even the ideal or most useful sharer. In the following extract, Lisa disqualifies the parent with depression as a valuable teller in multiple ways. She not only argues that the parent might be unable to share during the depression, as parents in previous sections do by creating contrasting categories of self during and without depression, but adds that the parent may not even be a fertile source of information. At the same time, parental silence is justified without fully delegitimizing the potential for being someone who promotes talk about mental health more broadly.

> LISA: It doesn't encourage the support of- or the **coping** skills enough, that's I guess my point. ((inhale))
> *CB: Hm. And I'm wondering what kind of thing you might- might **inclu:de** to address that, kind of thing?*
> LISA: ((inhale)) I think this book shoulda s- **all** books ((exhale)) nee- like-.. in this th- it's **not** just about **talking** to:.. to the **depressed parent**, ((inhale)) that person might not even be: ((slight exhale)) **well** enough to be gi(h)ving the right infor**mation** or- or- or, ((inhale)) if you're feeling really de**pressed**, and your kid's wanting you to.. ((inhale)) get somebody so they can talk to, yeah, you might really **want** to, but you're having a **shitty day**, "I'll do it **tomorrow:**," y- cause you tend to **procrastinate**, ((inhale)) *[CB: M.]* and it never gets **done**, whereas, I think, ((exhale)) not only just for the **kid**, but the **parent reading** this:, **realizing** that.. **they** need to reach out more to the other **parent** who- ((inhale)) who's **healthier** and can **help** with this situation, or if not that parent u:h an

aunt or an **uncle** or **some**body. *[CB: Hm:.]* But that doesn't address- it's not really ad**dressed** in that book. ((slight exhale))

CB: Hm.

LISA: You know, they **talk** about it a little bit, but.

Lisa relocates responsibility for sharing away from the overall identity position of the person with depression and attributes culpability for silence to something beyond their control. She indicates that the parent with depression "might not even be: ((slight exhale)) **well** enough to be gi(h)ving the right infor**mation.**" Further, Lisa clearly attributes silence to the 'depressed-self:' "If you're feeling really de**pressed**" and "having a **shitty day,**" a person might not be able to share. Thus, the depression, itself, is allocated a certain level of agentic control. According to Lisa, a parent with depression might "**want** to" support sharing with his or her child, but these values and desires do not necessarily translate into successful sharing. She claims that the depressed-self can override other parts of the self that might 'want' to share–"'I'll do it **tomorrow:**,' y- cause you tend to **procrastinate**, ((inhale)) *[CB: M.]* and it never gets **done.**" As such, Lisa shifts the construction of silence from parental control by creating interdependent, but also distinct, categories of self and depressed self.

This move, of relegating culpability for silence to the 'depressed-self' might seem paradoxical to efforts that reduce personal culpability for silence (i.e., due to the lack of control imparted by depression). This (re)allocation of blame distances fault from some parts of the parent's self that might be claimed as relatively independent or separate from the 'depressed-self.' The identity implications of silence can be partially quarantined to the 'depressed-self,' rather than coloring all claimed identity positions equally, including the sharer position. As such, she makes space to validate her position as having depression, with potential barriers to sharing, while being someone who values sharing. In a social context where being open to talking about mental health and illness becomes a form of fighting stigma (see Bell, 2019), such self-partitioning is more understandable.

What's more, through implying that sharing might best take place outside the depression (since depression is not a great time to have the discussion), Lisa still positions herself as valuing sharing. She specifically states, "**they** need to reach out more to the other **parent** who- ((inhale)) who's **healthier** and can **help** with this situation, or if not that parent u:h an **aunt** or an **uncle** or

somebody." In this quote, she specifies that other possible sharers (i.e., unlike the unwell parent, might have "the right infor**mation**") can be made responsible for sharing, particularly given their greater ability relative to the parent with depression. In so doing, she defends her position as sharer while maintaining the possibility of silence on the part of the parent with depression (i.e., herself). As such, responsibility for sharing and restricting at least partly shifts not only to the illness (the part of the self with depression) but toward alternative sharers. Overall, Lisa subtly silences parental depression while also defending this silence and possible claims to being someone who values sharing about mental illness (i.e., it is the depression and not so much the overall self that limits sharing).

3.1.4.2 Leahya (Interview 1 of 2; Previous book: Sad days): Talk of parental depression is a form of giving, and the "depressed-self" doesn't have resources to be giving. Taking Lisa's claims a bit further, Leahya provides a more in-depth and explicit deconstruction of how the constructed and differentiated 'depressed-self' perpetuates silence. Leahya uses 'giving' as a metaphor that allows her to make this rhetorical extension. More specifically, she likens having a depression-related discussion while experiencing depression to a form of giving, when one has little to nothing to give. Through the mobilization of this metaphor, she emphasizes a significant barrier to sharing, reiterates the seriousness of depression, and argues for delay until a 'depression-free' time or at least until a resource is available to bridge the gap between the audience's need for information and the parent's resource depletion.

> *CB: […] ((inhale)) So, just so I know if I'm kind of understanding, ((inhale)) u:hm,((slight exhale)) you had mentioned that.. I don't want to use the wrong words here, u:hm, but you kind of mentioned like ((inhale)) uhm* ***without*** *the book it- it almost seems like it's- ((inhale)) ((slight exhale)) that- that discussion is kind of* ***stunted*** *in- in some way, like there's not ((inhale)) the:- ((exhale)) like you mention about a* ***void*** *kind of thing and not being able to ((inhale)) kind of necessarily >****communicate*** [LEAHYA: Mhm.] *the experience to-* [LEAHYA: Yes.] *to the child, kind of thing<?*
>
> LEAHYA: Yeah. Yes.
>
> *CB: ((very quietly)) Okay.*
>
> LEAHYA: ((inhale)) **Yes**. ((inhale)) Uh, wit:h ((exhale)) uhm ((inhale)).. **stuck**, *[CB: M.]* or **rut**, ((inhale)) or: **drowning**, ((inhale)) uhm ((inhale)).. ((inhale)) I remember for **me:**

to be able to: ((inhale)) get **off** the sofa ((inhale)) a:nd **make** a meal**,** wa:s.. an un**believably:** over**whelming** undertaking. *[CB: Hm.]* ((inhale)) **S:o:**.. ((inhale)) I'm not saying that a parent **cou:ldn't** come up with a way to talk to a child and a way to express: for a child to understa:nd ((inhale)), I just think that when a parent is in the throes of de**pression** ((inhale)) that's **one** mor:e ((inhale)).. **stressor**, it's w- it's one *[CB: Hm.]* mo- it's **one** more ((inhale)) uhm ((slight exhale)).. it takes from what little energy there i:s from that parent to try to come **up** with something ((inhale)) *[CB: M.]* to **help** the child a:nd ((inhale)) uhm, ((inhale)) I forgot the question now ((both laugh)). I got caught up in the- ((inhale)) in your- in- in that description, can you tell me what the question was again? ((slight laugh))

CB: Yeah, so it was kind of along the lines of you had mentioned like in the context of- ((inhale)) of experiencing parental depression ((inhale)) that- you had mentioned how there can be kind of a ***vo:id*** [LEAHYA: **Yeah**.] *and it can be* [LEAHYA: **Yes**.] ***hard*** *to kind of* ***communicate*** *about that experience to the child?=*

LEAHYA: =**Yes**. **Yes**. ((inhale)) Yeah, and, because communication during depression to a child is a **giving**, it's **giving**. ((inhale)).. When **I** was in depression, **being giving**, there was- I didn't feel like I had anything to **give**, like *[CB: M.]* where d- how could I go down inside of myself ((inhale)) and **pu:ll** that **out** of me. ((inhale)) If a little bo:y or a little girl **has thi:s**, and it's been **read** to them, ((inhale)) and they've had conversation maybe on days when- ((inhale)) in-be**tween** da:ys or **glad** days, ((inhale)) this is for them to always go through and **look** through, but- so.. while the **parent** is **in** the **throes** of the de**pression**, ((inhale)) **f:eeling** tha:t, at **least comfort** for the parent and comfort- it's a **win win**, cause comfort for the parent knowing ((inhale)) this is a **book** the child has, ((inhale)) we've **talked** about it, the book was **helpful** in bringing out that conversation and it's a **reference**. ((inhale)) Uhm, and it- it's a win win because it helps the **child** and it helps the **parent** ((inhale)).. at a time the parent just doesn't **have** much *[CB: M.]* to **sha:r:e**, to **give**, **giving**-ness *[CB: M.]* to the child at that time. **Yeah**.

Leahya defends her position of sharer despite claims to silences–by constructing sharing parental depression as protective. For example, through invoking the metaphor of 'giving' to structure the implications of 'having a mental illness' and characterizing her personalized account

of past silence as having been beyond her control, Leahya distances her sharer position from culpability. Leahya constructs a parental lack of control over sharing by linking silence to having nothing to give. She states, "Because communication during depression to a child is a **giving**, it's **giving**. ((inhale)).. When **I** was in depression, **being giving**, there was- I didn't feel like I had anything to **give.**" Here, she explicitly situates depression as an active agent in perpetuating silence, a construction that allows space to mitigate possible negative identity implications incurred by the 'depressed-self,' for the self more generally.

Leahya strengthens her link between depression and limitations to sharing by emphasizing depression's severity. More specifically, she argues that, while in depression, even normal everyday tasks, such as making breakfast, become difficult, let alone doing something beyond minimum survival requirements, such as sharing about depression. This sentiment is constructed by Leahya through several metaphors: "**Yes**. ((inhale)) Uh, wit:h ((exhale)) uhm ((inhale)).. **stuck**, *[CB: M.]* or **rut**, ((inhale)) or: **drowning**, ((inhale)) uhm ((inhale)).. ((inhale)) I remember for **me:** to be able to: ((inhale)) get **off** the sofa ((inhale)) a:nd **make** a meal**,** wa:s.. an un**believably:** over**whelming** undertaking." Overall, Leahya mobilizes the subject position of depression sufferer who lacks control over sharing, regardless of her claimed valuing of support for the sharer position.

Leahya further defends her sharing position and disqualification of the 'depressed-self' as sharer by saying that having a resource, such as a book, would make depression more sharable– "This is for them to always go through and **look** through, but- so.. while the **parent** is **in** the **throes** of the de**pression.**" In this way, the 'depressed-self' can be disqualified as a capable sharer and at least partially be replaced by an external sharer. More precisely, she states that there is value in deferring to an institutionally structured discourse in this communication context rather than requiring a parent who is experiencing depression to share. At the same time, her positive assessment of the potential role of the text in promoting sharing clearly reiterates her position as, someone who values and at least identifies with the sharer position, despite her 'depressed self.'

As with other participants, hedging, including a movement away from any extreme position, helps Leahya strengthen her claims. For instance, she constructs sharing as impractical rather than impossible and variously situates her claims, at least partly based on personal experience, "I didn't feel like I had anything to **give."** Further, in declaring 'feelings' of lacking

the resources required for sharing, she leaves ambiguous her claims to 'actual' sharing resources and level of control over sharing. This ambiguity makes her claim more difficult to undermine (see Wood & Kroger, 2000 for further discussion of the discursive uses of hedging) and is clarified through a simple re-wording, 'Maybe I lacked resources, or *maybe I just felt* I did.' Her orientation to subjectivity can also strengthen her claims about sharing during depression as coming from a place of knowledge and experience. She accomplishes this identity claim through the use of footing (see Potter, 1996 for further discussion of the discursive uses of footing) that supports her self-positioning as an experienced knower, thereby rendering her claims more defensible–she has entitlement as a sharer given her relevant and detailed experiential account.

Due to her various uses of hedging, Leahya can accommodate other possible claims to parental depression that might conflict with her own, without rejecting or otherwise undermining associated identity moves. This defense is important, as she uses it in a way that works to support her accounts of past silences not reflecting her sharer status. Further, through the use of a disclaimer regarding her emphasized claim that depression produces restricting sharing, she simultaneously weakens and strengthen her argument. Her statement that "I'm not saying that a parent **cou:ldn't** come up with a way to talk to a child" is followed by her acknowledgement of significant barriers to sharing from the position of a parent with depression, based on her own past difficulties with related discussions. This weakens her claim by making it less encompassing, yet, more difficult to undermine (see Potter, 1996; Wood & Kroger, 2000 for discussion of related discursive moves). The increased flexibility of her claim allows her to accommodate a diversity of claims, including those that might disprove her own, without completely invalidating her position. For instance, if another person presented a contrary account, she could validate both via the pre-emptive clause that she was not making a general truth claim about all parents.

3.1.4.3 Angela (Interview 2 of 2; Previous book: Why are you so sad?): Deferring to the 'expert' sharer. Angela presents a very similar but subtler and broader disqualification of the person with depression. The tone in Angela's excerpt below questions parental expertise rather than constructing a lack of sharing capabilities. Praising a section of her reading that could help guide telling, Angela muzzles depression by placing a premium on guided sharing. She implies that 'depressed-self' sharing is augmented by a certain level of deference to an externally structured sharing. The significance of this orientation becomes more apparent if one asks, "Who

is sharing?" "Who decides what gets shared?" and "Whose framework shapes sharing?" in her excerpt below.

> *CB: Uhm, and I guess maybe in- an **inclusive,** if you have- do you have any response to: kind of this section from pages 30 to 32?*
> ANGELA: Uhm, **yeah**, I think that that's ((slight exhale)) uh **really** important to- in- uhm have in- in books like **this** ((inhale)), so that uh:m: ((slight exhale)).. when you pick it up as a **parent** ((slight exhale)) or as a **counselor**, **therapist**, uhm, it's a nice **gui:de** to:- ((slight exhale)) of how- how this book is intended to be **used**? ((inhale)) Uhm, so, you can read this and then you've got a good- it gives you context of how to go **through** it.. *[CB: Hm.]* prope- a- and t- to use it as a- **most effe:ctively** as possible, ((inhale)) *[CB: Hm.]* rather than just, ((gets quieter)) "let's look at a book," then you just go **through** it and it's- it's **done** and **over** with, this gives you ((inhale)) a lot of things you can do **with** the book.
> *CB: Hm. So kind of giving direction in..* [ANGELA: Mhm.] ((quietly)) *how to use it, kind of thing.*
> ANGELA: And examples of wh- things that might come up, cause you might not **think** about those things coming up when you first read the book, and then when it **does** come up then you're like, ((whispers quoted text)) "I don't know," s(h)o, ((inhale)) if you g(h)o through this **first** it'll give you an idea of how to- ((inhale)) how to res**pond** to some of those things, [*CB: Hm.*] which is really helpful.

Angela constructs space for reducing the 'volume' of sharing about parental depression through an indirect devaluation of the 'depressed-self' as sharer relative to sharing that is externally (arguably institutionally) guided. She enacts this shift by affirming a section in the reading that tells the parent how to use the book, addresses questions the child might pose, and thereby structures sharing. In the absence of such a guiding structure, Angela implies that depression may be less sharable, as things "might come up" that the parent does not know how to address, but that the reading could. Thus, Angela's praise for the reading subtly and partially disqualifies the parent with depression as a source of expertise from which to speak to the experience. Overall, not only might the a parent's inability to respond to a child's specific

inquiries while sharing result in pockets of silence about parental depression; affirming a guided reading supports a symbolic and metaphorical silencing through subtle and implicit devaluation of depressed parent as sharer.

As with other participants, Angela also defends her position as someone who values parental depression-related sharing, even if there might be barriers to her doing so independently: "And examples of wh- things that might come up, cause you might not **think** about those things coming up when you first read the book […] it'll give you an idea of how to- ((inhale)) how to res**pond** to some of those things […] which is really helpful." Self-positioning as someone who values sharing, despite hindrances to doing so, is prominent in her praise of those resources that facilitate sharing and reduce silence. Further, the parent's culpability for the silence is weakened through her implication that it might reflect ignorance rather than an intentionality. Attributing silence to ignorance implies limited control. Angela suggests that the silence may be pre-emptively remedied through reliance on the text as a more informed sharing guide.

3.1.5 "Have you ever played taboo?" Talking about depression without using the word. Accounts of distancing the 'depressed-self' from parental sharing also takes the form of parents using less direct methods of sharing. For example, parents may speak *around* the diagnostic label (i.e., using analogies and metaphors). Participants' constructions of an aversion to using the depression label quiets depression by obscuring associated enactments.

3.1.5.1 Paul (Interview 1 of 2; Previous book: Why are you so sad?): People resist readings on parental depression because they don't want to label their experience directly. In the following extract, Paul claims that many people would resist sharing a book on parental depression due to broader social aversion to the label which normalizes restricting. This normalization provides him with space to support restricting without completely undermining his self-positioning as someone who supports discussion of mental illness. Paul claims both that he would choose not to purchase the book, while providing a positive evaluation of the text and its potential contribution to sharing about parental depression.

> PAUL: […] uhm, I think people would be able to **buy:** it, uhm, ((inhale)) **would** they w- **would** me- more people wanna buil- like, at **first glance** when somebody goes into a store would they wanna buy **this** book, ((sniffle)) if there isn't s- something **ca:lled** parental depression in their family? ((small exhale)) Good question! Good **question**, yeah, like..

((inhale)) and it- I guess that would be kind of- I think it is an alright book, that would be a little **sad** to see some- ((inhale)) I could imagine a lot of people turning it **dow:n**, aunts and uncles and people.. that buy books, ((inhale)) maybe because it says parental **depression**, ((inhale)) and they'd wanna la- label their ((exhale)) ((inhale)).. problems at home ((exhale)) maybe not so:.. in your **face**? You know, if it's an aunty or an uncle **buying** a book for ((sniffle)) a **chi:ld**, or a **mother** or a **father** buying a book for a **ch(h)ild** ((laughs)), I j(h)- th(h)ey'd wa(h)nna ha- like, would you wanna ((laughs)) gi(h)- gi(h)ve this to your **frie(h)nd's** kid, *[CB: M]* you kn(h)ow ((laughs)) ((inhale)), friend might- might not know what to **s(h)ay** t(h)o yo(h)u ((laughs)), you kn(h)ow.
CB: Oh yeah, that kind of thing, like- like here's a book on parental [PAUL: Yeah.] *depression, kind of thing.*
PAUL: Yeah, that's ((quietly)) un**fortunate** probably. I don't know, just an opinion I guess. [*CB: M.*] U::hm I would probably actually look at that **too**, **now** that it's mentioned. ((inhale)) I really **like** the book, and think i- thought really good about **reading** it, but now that, when you're **mentioning** it, I imagine if I walked into the **store** to buy this as a **gift** for someone? ((inhale)).. un**fortunately** I probably would ((inhale)) read "parental depression" and ((more quietly)) probably put it back on the shelf. ((exhale))

Paul takes on a variable self-position that oscillates between sharing and restricting. He explicitly constructs a possible consensus on social resistance to sharing such readings from which he simultaneously distances himself. A book could be rejected because of its talk of depression, alone. He states that others might not buy a book on parental depression because of their aversion to labeling their family's experiences very explicitly–"maybe [aunts and uncles wouldn't purchase such a book] because it says parental **depression**, ((inhale)) and they'd wanna la- label their ((exhale)) ((inhale)).. problems at home ((exhale)) maybe not so:.. in your **face**?" He follows this criticism with a re-evaluation of his own sharing position. Specifically, he reports reticence about offering a book on parental depression to a friend. Yet, he also distances himself at least partly from this silencing by critiquing his self-position of restricting. He adds further limits by indicating that he would not give such a book as a gift to a friend's child– "un**fortunately** I probably would ((inhale)) read 'parental depression' and ((more quietly))

probably put it back on the shelf." Paradoxically, Paul reaches for the self-positioning as sharer, regardless of whether he is successful. As such, he strengthens his accessibility to the sharer position due to the disjunct between his communicated values and hypothesized actions. At the same time, through his normalizing construction of a social consensus on a silence he might, himself, engage in, he weakens the significance of this silence as simply in alignment with the broader society and not as an indication of his overall orientation towards sharing or his position as a sharer.

3.1.5.2 Angela (Interview 1 of 2; Previous book: Sad days): Biologically oriented discussions of parental depression are not considered successful sharing. In the next extract, Angela's claim to restricting is more implicit than Paul's in that she focuses in greater detail on social blocking of sharing. For instance, the aversion to sharing she constructs is less oriented to depression as an experience than to particular *ways* of talking (i.e., more 'direct' discussion) being less accessible. Specifically, Angela claims that she has only been able to share accounts of her parental depression with her children using biologically-oriented descriptions (i.e., talk of "a thyroid problem"). Angela clearly positions this sharing as minimally successful. She argues that a more direct telling would be less accessible and claims that a more biomedical descriptions is a form of restricting parental depression through depersonalization–the depressed-self is partially hidden by a focus on the depressed-body.

> *CB: Uhm, how about kind of the parental depression specifically, in th- in the- in the reading, what was your response to: ((slight exhale)) the parental depression?*
> ANGELA: M:. ((inhale)) I guess: ((exhale)).. u:hm, supri- I was kind of **surprised** that she was: able to:: uhm.. she was able to **explain** ((slight exhale)) her depression to her **child**.. [*CB: Hm.*] I **think**.
> *CB: And w- what do you think kind of **contributed** to: that kind of **response**, kind of thing?*
> ANGELA: What do you mean, sorry?
> *CB: Like u:hm ((slight exhale)) being **surprised** that she could explain it, kind of thing.*
> ANGELA: ((inhale)) U:hm ((exhale)), because uh with- with my **own** p- **experience** I: wasn't able to- I wasn't able to **explain** to- to my **children** like that? ((inhale)) *[CB: Hm.]* U:hm, there was a point when I was able to a **little** bit, but i- it was diff- it was not de**pression**: ((inhale)) **specific**. ((slight exhale)) *[CB: M.]* It- it was to do more with uhm..

at th- “I have a **thyroid** problem, and so that causes >**mood problems**,<” so I was able to explain ((inhale)) how an organ.. causes **moo:d** and stuff and *[CB: M.]* I was able to talk to my children **that** way about i- **about** it, but I wasn’t ever able to really.. **talk** to my kids like **that** about it.

*CB: Hm. So, kind of more of uh ((slight exhale)).. u:hm.. like a **chemical** spin on it or a **thyroid** kind of spin on it, compared to ((inhale)) kind of how the book ((gets quieter)).. portrays it, kind of thing?*

ANGELA: Yeah. **Yeah**. **Yeah**, I w- I j- because, ((inhale)) I liked how she said that it was u:h like an i- an **invisible illness** and that doctors can help, and *[CB: M.]* there **are** people to help and it is not up to you or- or dad to **help**. ((inhale)) I th- I really liked that, that was really nice.

*CB: Hm. And i- in- when you say you “**really** liked that,” I’m- I wonder if you could elaborate on that, like wh- ((inhale))*

ANGELA: Uhm, ((slight exhale)) I just think tha:t it’s a hard to **expla:in:** an illness that you can’t **see**, becaus:e it’s.. not really: u:hm, ((inhale)) it’s not a- it’s not eas- **as** easily accepted as when you can sa:y ((inhale)) **this specific** organ is not working.

Angela explicitly constructs depression as likely to have limitations on shareability. She claims surprise that the mom in her reading was able to talk to her child about parental depression–“I was kind of **surprised** that she was: able to:: uhm.. she was able to **explain** ((slight exhale)) her depression to her **child**..”. She contrasts her positioning of the mother to her own account of an inability to directly share with her children about depression–“U:hm ((exhale)), because uh with- with my **own** p- **experience** I: wasn’t able to- I wasn’t able to **explain** to- to my **children** like that?” Angela provides some insights into this view by pointing to the invisibility and low social legitimization of depression as an illness–“I just think tha:t it’s a hard to **expla:in:** an illness that you can’t **see.**” Angela notes greater social approval for an explanation that a “**specific** organ is not working.” In this way, Angela distances the parent’s *sharer* identity from social receptivity to such sharing and situating silence as perpetuated from the parent’s being *depressed* rather than his/her *sharer* identity position. She also defends against being seen as someone who values restricting by stating that, though she was unable to share directly in the past, she did share in ‘indirect’ or incomplete ways. What’s more, detailing her personal

experience in contrast to her reading strengthens her argument on the overall share-ability of parental depression. Positioning herself as a person who has directly experienced a related situation lends category entitlement and further clout to her claim (see Potter 1996 for discussion of similar discursive moves).

It is important to consider what Angela constructs and contrasts as *actual* sharing of parental depression. Angela's reference to a "**thyroid** problem" and "how an organ.. causes **moo:d** and stuff," was not talking about parental depression directly–"I was able to talk to my children **that** way about i- **about** it, but I wasn't ever able to really.. **talk** to my kids like **that** [assumedly about a 'more direct' or detailed explanation of depression she claimed could be found in her reading] about it." In claiming biological discussions as more shareable, Angela subtly contrasts a biologically-oriented sharing with the unrealistically high level of *actual direct* sharing of depression in the reading, while noting a certain quieting of parental depression in her own approach to parent-child talk. This approach harkens back to the differences between more rational and didactic sharing versus more emotional sharing. Angela seems to use a similar discursive device but to different ends–she defends the value of a more accessible sharing.

3.2 Summary

Through this first analysis I have examined various identity tensions, with particular focus on those that occur at the intersections of parent, sharer, and person with a mental illness. These tensions occurred when parents who have had depression reflected on parental depression-related sharing in the interview context. Despite intersecting identity tensions, participating parents negotiated at least some validation of their entitlements to each of the three identity positions I focus on here. This creative identity work highlights the identity risks that are overtly and covertly problematized by participants. Below, I summarize identity intersections that are erected in the parents' talk of points of tension to be negotiated in sharing on the topic of parental depression.

Some parents assumed that the characteristics of depression might limit access to sharing and conflict with valued enactments of good parenting and pro-social engagements, such as resisting stigmatizing silences about mental illness. Though emphasising the severity of one's depression might legitimize an individual illness experience, it might also create identity risks for parents as 'good' parent by calling into question the influence on their child and family, or their ability to parent well. Emphasising a lack of control in the context of depression (i.e., 'a person

does not choose to have depression') might shift responsibility away from the parent as a sharer. On the other hand, enacting control, through protectionism, is positioned as a valued enactment of parenthood. So, the parent who contemplates sharing information about their depression, must negotiate their depression as illness and defend their claim to positive parenthood. Lack of control during depression hinders access to sharing (i.e., due to resource depletion), especially if the result is difficulty in ability (through over sharing and restricting) to sufficiently protect their child (particularly from the consequences of severe depression).

Parents vary on whether intentional sharing or restricting is the valued outcome for which they strive. Some parents construct a lack of control over sharing due to the depression as a reason for neglecting to share, while problematizing this limiting sharing. Others positioned restricting as protective, but constructed hindrances to enacting this form of protection. Each of these two seemingly contrasting orientations construct sharing as risky for a parent who has experienced depression. For instance, the depression might limit parental resources for sharing (i.e., energy, level of knowledge, motivation, social resources, etc.), or the label of depression might create greater risk of sharing (i.e., imparting associated stigma for themselves and their children; see Reupert & Maybery, 2015).

As should now be evident, complex identity implications are tied-up in the notion of mental health-related sharing. Consequently, when contemplating the promotion of sharing as a means of de-stigmatizing mental illness and creating social support resources (see Bell's *Let's Talk Campaign*), caution is needed when projecting desirable enactment across social locations and contexts. Through oversimplifying sharing, more than conceptual complexity can be neglected. Sharing may contribute to a (re)marginalization of certain disadvantaged populations. I expand upon this critical deliberation in the following section by contextualizing related arguments in the scholarly literature.

Chapter Four – So, Why Does All This Talk Matter Anyway? Contextualizing Analysis One in Available Literature

The purpose of the current chapter is to provide a critical reflection on the previous analysis using the available scholarly literature. As mentioned in Chapter One, I have reserved discussion of possible implications for the final chapter in which I consider details from across my analyses. Here, I use the scholarly literature to further conceptualize the tensions between different identity positions that parents seemed to negotiate in the interviews. I then provide theoretical links (i.e., to intersectionality) and reflections on current anti-stigma orientations to sharing. In doing so, I develop arguments for why parents' discursive tensions from Analysis One matter in contemporary society and theorize the significance of these tensions beyond my individual research project.

4.1 Introduction

The previous analysis has many parallels with research regarding the multiple intersecting identity positions that a broad range of parents must negotiate in defense of their claims to socially valued parenthood (see Chapman & Bhopal, 2013; DePouw & Matias, 2016; Few-Demo et al, 2016; Galasiński, 2013; Haines et al., 2014; Hardesty et al., 2008; Olsen & Clark, 2003; Wilder, Koro-Ljungberg, & Bussing, 2009 for examples of parenthoods at various intersections that could risk negative implications for claims to parenthood). As the parents in the current study indicated, parenthood, depression, and social advocacy in the form of supported sharing are not mutually exclusive, but rather, intimately interrelated. This interrelation was demonstrated in parents' struggles with discursive tensions in claims to value sharing. In both the current project and past research related to such identity tensions, parents communicate struggling with varying levels (i.e., imposed "internally," "externally," and "collaboratively") of overt and covert muzzling of aspects of their identity in the name of parenthood (see Haines et al., 2014; Hardesty et al., 2008 for examples of such silences in different parental contexts; also see Reupert & Maybery, 2015 for discussion of diverse forms of stigma linked to parental mental illness). For instance, Stallard, Norman, Huline-Dickens, Salter, and Cribb (2004) indicated that a reason some parents gave for not providing further information to children related to the parent's mental illness was due to concerns of burdening the child.

Parents who diverge from dominant and privileged models of the ideal, stereotypic, or "good enough" parent have demonstrated struggles to negotiate their social position as a parent in

the context of other/ed identity positions (Chapman & Bhopal, 2013; Haines et al., 2014; Hardesty et al., 2008; Jones et al., 2016; Keefe et al., 2018; Manago et al., 2017; Widding, 2015). This places some parents in a position of needing to silence parts of themselves that conflict with prevailing notions of parenthood, in order to reduce identity tensions with and related questioning of their position as a "good" or "good enough" parent (Beardslee, 2019; Fraser & Llewwllyn, 2015; Haines et al., 2014; Hardesty et al., 2008; Hinshaw, 2018; Jones et al., 2016; Olsen & Clark, 2003; Pihkala & Johansson, 2008). It is specifically through this silencing, which seems to help reduce the distance between the parent and cultural ideals of parenthood, that their role as parent can be defended and their enactments of parenthood more positively validated (see Beardslee, 2019; Fraser & Llewwllyn, 2015; Haines et al., 2014; Hardesty et al., 2008; Hinshaw, 2018; Jones et al., 2016; Olsen & Clark, 2003; Pihkala & Johansson, 2008 for further discussion of various examples of silencing). Exemplifying this tension through silencing, the parents in the current study demonstrated conflict between their social positions as parent, as a person with mental distress, and as a socially conscious member of society and anti-stigma supporter.

4.1.1 Tension between parenthood and depression, including at their intersection with sharer. Galasiński (2013) has, at least indirectly, presented evidence that the intersection of parenthood with a marginalized identity position might impact accessibility to "good parent" discourses (also see Ashman & Dawson, 2002; Gotlib & Goodman, 2002; Hammen et al., 1991; McDonald & Acri, 2018; Mickelson et al., 2016 for discussion of parenthood and mental illness as in tension). Galasiński conducted interviews with fathers experiencing a known mental illness, some of whom seemed to lack access to "good father" discourse. My research affirms possible points of tension among discourses related to the validation and enactment of mental distress and the position of "good parent" (see Ashman & Dawson, 2002; Fraser & Llewellyn, 2015; Gotlib & Goodman, 2002; Hammen et al., 1991; Keefe et al., 2018; Jones et al., 2016; Mickelson et al., 2016). Further, Jeffery and colleagues (2013), in exploring experienced discrimination related to the intersection of parenthood and mental illness, noted that parents communicated that others evaluated them as unfit parents and/or engaged in surveillance of them, and that issues regarding access to their children (i.e., visitation) might have been related to their discriminated against parental position – all of which can be positioned as perceived discrimination of parenthood at the intersection with mental illness.

In a Western society that idolizes the nuclear family and prioritizes individual responsibility, not only is the parental role constructed as important in relation to the child as transitional, passive and dependent, but that role that cannot be adequately filled by a substitute figure (see Assarsson & Aarsand, 2011; Barrett Meyering, 2016; Bennett et al., 2017; Bradford et al., 2016; Faulkner, 2016; Gittins, 2004; Hawkes & Egan, 2016; Kwon, 2015; Olsen & Clark, 2003; Siltanen & Doucet, 2008; Swain, 2016; Tosi, 2016; Wall, 2018; Widding, 2015; Wilkie-Stibbs, 2008; Wyness, 2006 for supporting discussions of child/childhood, parent/parenthood and adult/adulthood). This irreplaceable position highlights the importance of parental "presence" as a possible component of "good" parenthood (Bradford et al., 2016; Widding, 2015). Absence is even more consequential when the parental position cannot be adequately fulfilled by another adult, whether a daycare worker or otherwise. The parents' obligation is not only to be responsible (i.e., for the successful development of a "good citizen" and supporting their child through such means as financially) but also present (Bradford et al., 2016; Widding, 2015).

As shown in my analysis, depression has implications for one's position as 'present parent.' For instance, in the section titled *"Let me just wait over there until the depression passes,"* Snoopy694u links possible parental absence to depression, by being insufficiently available to hold a related discussion with one's child. As such, the area of presence emerges as a possible point of tension between parenthood and depression. Similarly, Leahya, in *"Sharing about parental depression is a great idea, go ahead!"* implies a possible link between depression and metaphorical parental absence, which she problematizes through her metaphor of giving. Although, at various times, she claims that sharing with her child might be valuable, she emphasizes that such giving becomes less possible during depression. In both instances, though parent might value sharing, the depression is constructed as a hindrance to its enactment. This reported barrier supports the identity tension between parenthood and depression identified in the literature (see Ashman & Dawson, 2002; Gotlib & Goodman, 2002; Hammen et al., 1991; McDonald & Acri, 2018; Mickelson et al., 2016 for related examples).

Paradoxically, the tension between depression and parental presence was not restricted to instances in which a lack of presence was situated as a negative implication of depression over which the parent might have little control. Rather, presence or absence also indicated a possible form of intentional control in protecting one's family. As indicated in Chapter One, a parent is constructed as responsible for protectively titrating the child's experiences so as not to present

them with social demands that exceed their intrinsic developmental and social limitations (see Bennett et al., 2017; Bradford et al., 2016; Fraser & Llewellyn, 2015; Jones et al., 2016; Keefe et al., 2018; Wall, 2018; Wilkie-Stibbs, 2008; Wyness, 2006 for further engagement with related constructions of parenthood and childhood). In the academic literature, demonstrations of this protective control have taken numerous forms (see Bennett et al., 2017; Creigton et al., 2015; Keefe et al., 2018; Wall, 2018). For instance, Creigton and colleagues (2015) found that fathers variously sought partial or complete titration of risk from the lives of their children when talking about their own orientation to risk. As such, parents seem to play a significant role in modulating childhood experiences.

What's more, research indicates that risk protection through control in parenthood is not restricted to the "physical" realm; it also extends into the "emotional" domain of experience (see Bennett et al., 2017; Messer et al., 2018; Trussell, Ward, & Conners Edge, 2018; Wall, 2018). For instance, some educational parenting material emphasizes the importance of regulating parental emotions so as not to express extremes in the presence of one's child (Wall, 2018). Such extremes might overwhelm the child, who is seen as socio-biologically transitional, vulnerable, dependent, and innocent and therefore not fully prepared to take part in all aspects of the adult world (Wall, 2018; see Analysis Two for further engagement with childhood as limiting sharing related to mental distress).

Constructs of control and protectionism are evident in Charolette's excerpt in *"Let me just wait over there until the depression passes"* where she discursively negotiates and justifies parental absence during depression as 'being a parent.' Parental depression is constructed as something that warrants intentional absence (see Bradford et al., 2016; Widding, 2015). Charolette places a high value on her presence as a parent, a presence she is willing to compromise in the context of depression as a means to spare other members of her family from implied negative repercussions of her depression. While her verbalized defence identifies the consequences of her absence as more significant for her spouse than her son, she also notes risks to her claims to parenthood. As indicated, ideals of parenthood in Western society tend to position parents as irreplaceable (Bradford et al., 2016; Widding, 2015), so if parental mental distress is debilitating, and the parent arranges an alternate carer at such times, these arrangements may risk one's access to the "good parent" position–one's absence cannot be filled and therefore is likely consequential.

Similar tensions between parenthood and depression are evident in the sentiments expressed by several parents in the current study in response to the possibility of a family picture in which all members are smiling except for the person with depression. Such a picture was characterized by numerous parents as "bad" and/or something they would not display. Bob links the enactment of depression in a *family* picture with a normative expectation of the structure of the family. He situates the requirement that a parent must be able control the depression at such consequential times as taking a family picture. Charolette explicitly links the tension between parenthood and depression by stating that she would not display such a photo because it could prompt others to question her ability to parent.

Yet, communications of control in the form of a parent (protectively) restricting expression of depression can also risk minimizing depression's severity, which could result in having to defend the seriousness of the illness experience. For instance, if the individual with a mental illness emphasises his/her parental position, including the ability to enact emotional control and stability in parenting (as per cultural ideals of the "good parent" see Wall, 2018), this could result in questioning or stigmatizing the parent's illness experience (see Bell, 2019; Corrigan et al., 2000; Feldman & Crandall, 2007 for further engagement with stigmatization of mental illness). However, this potential risk seems to contradict a broader social orientation to emphasis that the individual does not choose to have a mental illness and have associated symptoms (arguably indicating that, to a certain degree, it is not under volitional control), as evidenced in the colloquial wisdom that "telling someone with an anxiety disorder not to be so anxious is useless, as the individual cannot help it." Tensions between claims to mental illness and control can be seen in examples such as Charolette's detailed negotiation of her absence during depression as a form of protective *parenting* rather than an effort to silence depression, explicitly. She also indirectly defends the severity of her depression by affirming her enactment of protection in the form of absence. The severity of her depression is further emphasized when she affirms the need for absence despite the conflict with her deep valuation of parental presence–the depression is severe enough to stop her from engaging in something she values. Though the context and specific content of Charolette's identity claims regarding silence (in the form of absence during times when depression is severe) are specific to her talk, this pattern of re-negotiation of the meaning of silence is shared across parents' excerpts from Analysis One.

Parental ideals of protectionism come into tension with one's position as a person with mental illness through the notion of risk associated with mental illness itself. Not only has parental mental illness been associated with risks to offspring development (e.g., Ashman & Dawson, 2002; Bradford et al., 2016; Hay et al., 2010; Mechling, 2015; Messer et al., 2018; National Research Council and Institute of Medicine, 2009; Paulson et al., 2009; Trussell et al., 2018), but negative social repercussions in the form of stigma also accrue (Alasuutari & Järvi, 2012; Foster, 2010; Hinshaw, 2018; Meadus & Johnson, 2000; Reupert & Maybery, 2015; Tanner, 2000). As such, the severity and impact of mental illness could risk bringing into question one's abilities to enact valued parental protectionism. Supporting such a claim, Compas et al. (2002) state that "depression is associated with a pattern of parenting that is negative, inconsistent, unpredictable, and unsupportive." (p. 229)

4.1.2 Re-marginalization of parenting from the margins: Parallel patterns across academic literature that implicates parents. Multiple intersecting points of identity tensions surface in a person's parallel claims to parenthood and parental depression. One clear example of a similar kind of identity tension can be seen in non-cis-gendered parents' experiences of parenthood's convergence with their positions as transgender (Haines et al., 2014). The conflicting Western ideal and subsequent silencing of these parents based on their position as "different" is notable in the context of implicit values and social norms imbued in formal education (see Few-Demo et al., 2016). More specifically, it has been argued that there is an underrepresentation of diversity among families in topically relevant textbooks (see Few-Demo et al., 2016). Continued discrimination and marginalization of non-cis-gendered individuals within Western society, as well as the continued implicit cultural ideal of cis-gendered and heteronormative parents who are part of a stable dual-parental relationship, create points of tension that contribute toward at least partial silencing of parents who do not conform to the norm. Here I use the term "partial" because, it is the purportedly "deviant" aspects of the self or "aberrant" subject positions (i.e., aspects of being non-cis-gendered) that are silenced (see Haines et al., 2014; Hardesty et al., 2008; Hinshaw, 2018). Such silences seem to be internalized under the guise of protecting one's parenthood from being questioned (i.e., as a result of assessment of child risk due to apparent social deviance; see Haines et al., 2014; Hardesty et al., 2008; Reupert & Maybery, 2015). These examples strengthen my overall criticism, based on Analysis One,

regarding the need to challenge the silencing and re-marginalization of parents who do not meet an implicitly privileged construction of parenthood.

A similar erasure of "divergent" parenthood can be seen in bodies of research involving certain parents' (dis)advantaged interactions with their children's educational institutions (see Chapman & Bhopal, 2013). Deconstructing the social norms that shape deviance in this context, Chapman and Bhopal (2013) argued that "female, white, and middle-class social constructions dominate the ways in which parents are viewed as 'good' or 'bad' in the research literature and by educators" (p. 569). For example, Black mothers are variously positioned within the educational system as non-supportive and non-cooperative regarding their children's education, based on their perceived aggressive interactions with the education system (Chapman & Bhopal, 2013). As with non-cis-gendered (Haines et al., 2014), non-heterosexual, racialized (Chapman & Bhopal, 2013) and intimate partner violence experiencers (Hardesty et al., 2008), parents with depression must creatively maneuver broader social barriers in order to gain or maintain access to the "good parenthood" position.

In sum, parents must negotiate a space for their parental identity position in the context of other intersecting positions (see Chapman & Bhopal, 2013; Haines et al., 2014; Hardesty et al., 2008). This negotiation can take the form of self silencing and/or being socially silenced (see Chapman & Bhopal, 2013; Haines et al., 2014; Hardesty et al., 2008). Social silencing includes having one's parenthood devalued or discounted when their position falls outside dominant normative constructs such as of family, parent, and child (see Chapman & Bhopal, 2013; Haines et al., 2014; Hardesty et al., 2008).

4.1.2.1 Tensions between sharer and depression. Mental illness is a category of experience which, in theory, permits negotiation of social responsibilities and the provision of supplementary resources (see Lafrance, 2009; Lafrance & Stoppard, 2006; Stoppard & Gammell, 2003). Yet, despite even medical diagnosis, an evaluative distinction between "physical" illness and mental distress impacts the levels of social validation and legitimacy given to respective "sick/unwell/sufferer" subject positions. Historically, mental illness has been discounted as an illness experience (Bell, 2019; Feldman & Crandall, 2007; Glozier, 1998; Rüsch, Angermeyer, & Corrigan, 2005; Sirey et al., 2005). Arguably shaped by legitimization of illness experiences along an increasingly illusive mental/physical divide, there has been a push for acknowledgement of a more biological bases for some mental health conditions (see Blumner & Marcus, 2009;

Deacon & Baird, 2009; Lafrance & Stoppard, 2006; Pescosolido et al., 2010; Pilkington et al., 2013; Sigurdson & McMullen, 2013; Stoppard & Gammell, 2003 for critical musings on this shifting conceptualization). For instance, the diabetes metaphor has been a common means of linking depression to the legitimacy of a "medical" and therefore, more "biological" illness (see McMullen & Sigurdson, 2013 for related critical engagement). Despite such potentially validating associations (i.e., particularly with the introduction of psychopharmacology), stigmatization of mental distress remains an issue (Feldman & Crandall, 2007; Glozier, 1998; Rüsch et al., 2005; Sirey et al., 2005). Further, as discussed in Chapter One, results are mixed regarding whether such shifts toward biomedical understandings of mental distress are strongly associated with stigma reduction (Deacon & Baird, 2009; Pescosolido et al., 2010).

Beyond an emphasis on physiology, there are several prominent efforts to address stigma, by increasing acceptance, validation, support, and access to resources related to the social position of "person with mental distress" (see Bell, 2019). For instance, in Bell's (2019) *Let's Talk* campaign, the need to acknowledge the severity and seriousness of mental distress has been emphasized in admonishments to not trivialize the experience, nor blame the person for their illness. In the previous section, I discussed how control and culpability are attributed to the person with mental distress and has been linked to stigma (Corrigan et al., 2000; Feldman & Crandall, 2007). This implication is further reinforced through claims to the biological bases of mental distress, such as the neurochemical dysregulation hypothesis, which links experiences to a domain of the medical profession (see Deacon & Baird, 2009; Lebovitz, Ahn, & Nolen-Hoeksema, 2013; Pescosolido et al., 2010; Sigurdson & McMullen, 2013 for related critical engagement with biomedical understandings of mental illness). Arguably one's general neurochemistry, apart from consumption of mood-altering substances, can be associated with less volitional control than such alternatives as behavioural choice and modification might suggest.

That such biomedical constructions can inform parental silences surrounding depression is evident in the current study. For instance, parents, on various occasions, implicated aspects of 'the depression experience' in diminished sharing, regardless of the parents' evaluation of the value of sharing. Such an orientation seems to allow parents not only to further defend their silences, but to support simultaneous claims to the significance and severity of depression. The silence is shifted from the sharer, to being entangled in the experience of depression, over which the parent might lack a certain level of associated control.

This shifting of culpability for silence occurs in various instances of the present analysis. For example, in *Let me just wait over there until the depression passes*, Snoopy694u clearly situates the affected parent as inaccessible for sharing with the child due to the depression, even though he problematizes this silence from the parental position. Further, examples can be found in the excerpts from Lisa and Leahya in *Sharing about parental depression is a great idea, go ahead* and Angela's excerpt in *Have you ever played taboo?* Participants constructed the parent with depression as not necessarily the ideal sharer, the topic and construct of depression as a hindrance to sharing, and the depression resulting in insufficient resources to engage such sharing. Some parents who valued sharing, reiterated a link between depression and culpability for a lack of sharing, whereby depression limits capacity to do so.

4.1.2.2 Summary of tensions in the context of also defending the sharing position. In summary, these thematic patterns, in which parents with depression negotiate identity tensions when talking about mental distress, demonstrate self-constructions generally supportive of social sharing about mental distress for the purposes of validation of the experience, in line with therapeutic and anti-stigma efforts. Such efforts emphasize the importance of validating mental distress in order to address stigma and promote their children's wellbeing (see Beardslee et al., 1997; Bell 2019; Focht & Beardslee, 1996; Pihkala & Johansson, 2008).

Despite such an orientation, parents also constructed creative justifications for certain silences, including with one's children. What is particularly intriguing is that the parents often made claims to and defended their silences from subject positions that allow parents to simultaneously distance themselves from being someone who invalidates mental distress through such silences. By shifting culpability away from their overall self to particular subject-positions, such as being a parent or as having depression, their silence serves to reinforce their parenthood or to highlight limitations of depression itself (i.e., lacking control, resources, or simply not being the ideal source), rather than indicating a stigmatization of mental distress.

Conceptualizing this discursive pattern more generally, the parents' moves to speaking from particular subject-positions not only defended against accusations of muzzling and therefore stigmatizing mental illness; they also simultaneously reiterated and defended claims to parenthood and, at times, facilitated acknowledgement of the severity and seriousness of depression. Links to "good parent" ideals are invoked through the mechanisms of control, protection, and responsibility as implicit in enacting silence from a parental position. By

silencing aspects of depression, the parent reinterprets their marginalized position from their children and reiterates a normative construction of the child as transitional–with the child's access to the adult world still requiring parental titration (see Alderson, 2013; Meyering, 2016; Valentine, 2016; Wilkie-Stibbs, 2008; Wyness, 2006 for engagement with the topic of children/childhood as transitional).

4.2 Theorizing the Silencing of Divergence

Reflecting on the above interconnections between the academic literature and Analysis One, I propose that the parents from this study demonstrate the need for continuing shifts in conceptualizing social justice (i.e., addressing social stigma) regarding mental distress. For instance, certain populations risk being missed in anti-stigma efforts. More specifically, supporting more nuanced engagements of intersectional thinking in anti-stigma efforts (see Bell, 2019 for a related anti-stigma campaign), including for parents with mental illness, could help address the re-marginalization of populations who, due to their particular intersecting identity positions, might have compromised access to current anti-stigma resources. As such, anti-stigma efforts that promote discussion of mental distress might benefit from greater reflexive awareness of the implicit privilege of such an orientation and focusing particular attention on improved benefits to those living at more vulnerable social intersections.

In the context of this critical discussion, it is important to acknowledge the value of current anti-stigma (i.e., Bell's [2019] *Let's Talk Campaign*) efforts at integrating the intersecting identity positions among people with mental distress. At the same time, the current analysis highlights a potentially marginalized population in such campaigns. As demonstrated in Chapter Three, mental distress and parenthood seem to condition mutual expression. As such, their intersection, and the related implications for validation claims by either identity position, need to be considered further in terms of how this enmeshed conceptualization might not only shape experiences of each position, but also access to social resources, such as anti-stigma talk and 'good parent' identities.

Society might be better able to acknowledge and address this possible co-marginalization in anti-stigma talk by approaching issues such as stigma of mental distress from broader, dynamic, and multi-axis perspectives (see Collins & Bilge, 2016; May, 2015 for a discussion of intersectional orientation), as attempted in some anti-stigma campaigns regarding mental distress (see Bell, 2019). Such scholars as Nicholson et al. (2015a, b), Biebel et al. (2015) and Hine et al.

(2018a, b) have argued for and demonstrated the value of such an orientation to parental mental illness, including in the context of intervention and prevention of potentially associated adverse outcomes. Specifically, they argue for a contextual and multidimensional approach (i.e., beyond focusing on the individual 'identified client'). If society organizes efforts for social justice around a shared identity position (i.e., being a person with mental distress or who identifies as having a mental illness), marginalization could be supported through ignoring inevitable points of difference (i.e., related to gender, race, parenthood, etc.,) and how they remain inseparable from the shared identity position of focus (see Collins & Bilge, 2016; Crenshaw, 1991; May, 2015 for discussion of the importance of shifting away from single-axis thinking). Relatedly, Gladstone et al. (2014), in their study of the engagements of children of parents with a mental illness in related support groups, questioned the value of employing a standardized approach (i.e., in the context of the type of educational content children need or most benefit from). This constructed ignorance of difference as facilitated through a focus on sameness is particularly significant when considering models used to evaluate and validate this shared identity position (i.e., socio-culturally privileged notions of parenthood; see Chapman & Bhopal, 2013; Few-Demo et al., 2016; Haines et al., 2014; Hardesty et al., 2008; Olsen & Clark, 2003 for more in-depth engagement with privileged parenthood).

Further rumination on the historical development of social movements, such as early renditions of the feminist movement, which re-marginalized some populations of women on the basis of their already socially marginalized positions, is in order (see Collins & Bilge, 2016; Crenshaw, 1991; May, 2015 for related discussion of intersectionality). In effect, single axis approaches to social marginalization and injustice that conceptualize identity positions simply as demographic variables, inevitably risk re-marginalization of members of the population/s they attempt to aid (see Collins & Bilge, 2016; Crenshaw, 1991; May, 2015 for further engagement with related ideas in the context of intersectionality). Acknowledging the complexity of intersecting identity positions in relation to experiences of social marginalization and privilege (i.e., related to parent, child, family, or mental distress) could extend advocacy efforts by eschewing false boundaries of mutual exclusivity. I contend that also needed is advocacy for shifts in such linked constructs as parenthood, childhood, and family to make space for the diversity of related enactments, an issue I will take up in Analysis Two. Without considering

complexity and difference, there is a risk of continued marginalizations in the name of social justice.

Chapter Five – Analysis Two

5.1 "There are Some Obstacles to Sharing That are Beyond the Individual Sharer's Control": Externalization of Culpability Through Constructing the Sharing Context as Complex and Consisting of Multiple Influential 'Actors'

In addition to talk of sharing and silencing, participants identified obstructions to sharing about parental depression, including a child audience, sociocultural climate, and gender. More specifically, parents shift reasons for restricting from the teller to both immediate and more detached audiences and contexts. In doing so, parents negotiate the implications of restricting for their identity position of "sharer." The mobilization of interference claims supports greater flexibility in the parents' identity work when constructing accounts of restricting or silencing mental distress.

Parents' accounts of obstructions to sharing parallel Louise Rosenblatt's (1978, 1995) transactional theory of reader-response (see Chapters One and Six for a more in-depth look at Rosenblatt's work). More precisely, participants in this study and Rosenblatt both characterize the meaning of a reading (understood broadly here to include verbal accounts) as a multidirectional, influential, and contextual accomplishment. That is, the meaning and value of a reading are negotiated in the moment of meaning making (Rosenblatt, 1978, 1995). The patterns of parental talk I discuss in the analysis below demonstrate points of similarity between participant reflections and Rosenblatt's literary theory.

Though there is overlap between Analysis One and Two, there are a few key features that differentiate them. While highlighting these distinctions, it is important to reiterate that this comparison is not meant to imply that the analyses are without overlap. Although some excerpts from the first analysis have components that could exemplify my analytic arguments in the current chapter, for the sake of clarity, I have attempted to minimize the presentation of major patterns of talk that are part of the first analysis, here.

In the first analytic chapter I attended to how parents construct having depression as a hindrance to successful access to the sharer position. In the current analysis I examine parents' attention to the telling context, such as how social climate might contribute to silence. Although I make brief reference to parents shifting culpability from themselves, here I emphasize the ways they add complexity and nuance to the telling context through personal distancing. Specifically, parents indicate how the spectrum of sharing and restricting is not influenced only by the parent

or the depression. Rather, multiple agents influence successful sharing–the audience, the context of the telling, and its medium (i.e., the text or language in general), in supporting the sharer to achieve 'successful' sharing, or not (also see Reupert & Maybery, 2010; Riebschleger et al., 2014). This orientation to the value of a conceptualization of sharing in the context of parental depression as dynamic aligns with some scholars' arguments for the importance of taking a multidimensional approach to parental mental illness (see Biebel et al., 2015; Gladstone et al., 2014; Nicholson et al., 2015a, b).

In the later discussion section, I make links between this complexity and Louise Rosenblatt's reader-response theory. For instance, I make use of her argument that the meaning of a given reading is produced by multiple intersecting agents (i.e., the author, text, and audience). If one takes a broad and flexible interpretation of the idea of a reading, the sharing discussed in this analysis (whether sharing the interview books or about parental depression more generally) parallels the transactional engagement of "reading." To discuss depression could be considered a shared oral text with similar features. Sharing, like reading, is a multiply influenced transactional accomplishment.

Throughout the analyses I often refer to "readings" rather than making more concrete reference to "books" or "texts" when discussing what parents are responding to. The purpose of this intentional use of language (the use of a verb rather than a noun) is to situate meaning making as something that is actively done in the present, as Rosenblatt does. Further, this wording acknowledges that the meaning of an enactment of sharing is not in the parent or in the text, for instance, but in the meeting of multiple such actors that play integral parts in its "transmission" and significance. As sharing is a process negotiated between multiple influential forces, the parent could claim the intention and efforts to share but indicate how sharing has fallen short due to what other actors bring to the sharing context.

5.1.1 The audience: What does the child bring to sharing? Parents both directly and indirectly construct and then mobilize such variables as the child's age, level of maturity, attentional capacities, and interest as contributing to the success and shareability of parental depression. This discursive pattern aligns with the research of Riebschleger and colleagues (2014) in which they explore recommendations that affected parents communicate regarding psychoeducational content for their children. For instance, they highlight that parents indicated a need to alter sharing format in order to engage the child audience and to adapt sharing to child

age. Similarly, facilitators of relevant programing communicate the need to adapt sharing related to parental depression to the children (i.e., to age), such as through altering the format of presentation and/or language used (Reupert & Maybery, 2010). Stallard and colleagues (2004) also found that parents talked about lacking a desire to share further details related to parental mental illness with their children due to such concerns as the child being too young, having limitations in their ability to understand, and the parent desiring to avoid burdening their child.

5.1.1.1 Claire (Interview 2 of 2; Previous book: Why are you so sad?): Children wouldn't be interested unless there was depression in their family, and they wouldn't read a book about it. According to Claire, the teller might be open to sharing, but the audience might not be receptive. Claire cites the audience as actively complicit in quality of sharing through their level of interest, not only in the topic but also the medium (i.e., books). Thus, the medium is introduced as an influential actor in the interaction and outcomes of sharing. This excerpt is Claire's response to a question about sharing the interview book(s) outside the context of a family with parental depression.

> CLAIRE: ((inhale)) But, I think it- it would be a good book to **have** in a **school.** [*CB: M.*] Even in a hi- i- in- in a **public** school or a- uhm, ((inhale)) at least it would be **there,** but who would **search** it out unless.. would *[CB: M.]* a- would a kid go in and say- to a library and say, "I need a book on depression," it just wouldn't **happen**.
> *CB: M.*
> CLAIRE: Right?
> *CB: ((plane passing)) Unless it was kind of in-*
> CLAIRE: i- unless somebody in their **family** or- or they heard mom and dad talk about uh aunty **Jane** ((exhale)) having this depression and being in **hospital** then they might, if they're **curious,** but I don't even think they **wo:uld**, **would** they? [*CB: M.*] **I** [don't think so.
> *CB: ((very quietly)) Yeah, I'm not sure,] kind of thing.*
> CLAIRE: I don't think they **would.** U:hm.. I th:- ((exhale)) ((inhale)) I don't think they **would**, cause *[CB: M]*.. >kids just don't< **go** there, unless it's **r:eally prevalent** in the **family** s- a family situ**ation** comes up and they're- ((inhale)) and they're- and the parents haven't **talked** to them and they're **curious** and they'll go "what is depression," they-

((inhale)) they would **google** it probably. They wouldn't read a **book** […] ((inhale)) See in my si- in **my** family line, **this** would be a book ((inhale)) that **I** would probably, in fact I'll write this name down as well, ((inhale)) uh.. because **probably** in **my:** future family line there will be children- well, their parents, uh- (?) well, maybe my kids will even say to my **grand**children "yeah gran-" uh, "grandma had **depression**," "well what's **that.**"

Claire questions whether a child would voluntarily seek books on parental depression. Sharing can be made available, such as through introduction of the topic using the book format, but children's receptivity might be limited–"would a kid go in and say- to a library and say 'I need a book on depression,' it just wouldn't **happen**" and ">kids just don't< **go** there, unless it's **r:eally prevalent** in the **family** s- […] They wouldn't read a **book.**" Claire constructs herself as someone who is interested enough in the book and related sharing to take note of the book's title–"in **my** family line, **this** would be a book ((inhale)) that **I** would probably, in fact I'll write this name down as well, ((inhale)) uh.. because **probably** in **my:** future family line there will be children-." As such, Claire constructs parental depression as shareable and herself as someone who values sharing but the audience as able to actively undermine such efforts. She supports this self-positioning as sharer by taking down the name of the book, in order to retrieve it later, thereby further distancing herself from people who would silence depression. Reiterating her own position as a sharer, she also claims possible benefits to making parental depression sharing more accessible (i.e., supporting such sharing in the form of having related books in a school library)–"But, I think it- it would be a good book to **have** in a **school."**

Claire constructs children as being potentially unreceptive to accounts of parental depression. For example, she contends that they would not look for a book on parental depression on their own (she emphasizes "it just wouldn't **happen**" and normalizes ">kids just don't< **go** there"). Further, if "kids" did seek out such books it would be because "it's **r:eally prevalent** in the **family** […] and they're- and the parents haven't **talked** to them and they're **curious.**" Claire constructs children as active participants in the sharing (i.e., how successfully it is done or whether it occurs at all) by acknowledging their volitional control in influencing sharing. Further affirming the agency of the child, she adds that the presence of depression in the family might not be the determining factor as to whether children seek content on parental depression. Specifically, she states that a child might seek information in the above context *if* he or she is curious. In other

words, only in a specific situation and under particular conditions would a child seek out this type of book. Further, the child's level of curiosity regarding the topic could affect whether sharing occurs at all, even if books on the topic of parental depression are made easily accessible to them (i.e., in school libraries). As such, others can enact effort to make sharing accessible to the child, but such efforts do not guarantee particular outcomes, given the multiplicity of actors implicated in such a transaction.

Claire also argues that shareability can be hindered by the medium. She specifies that children would be more likely to seek sources other than books, such as the internet–"they would **google** it probably. They wouldn't read a **book."** Yet, implying that she might personally be more receptive to the book form than children, she notes that disinterest in books on the part of children is not due simply to the textual medium in isolation. Overall, Claire partially distances responsibility for sharing and silencing parental depression from parents by implicating the child's role. By extension, she can spread responsibility for sharing and silencing to active and influential others both in terms of whether sharing occurs at all and its relative level of 'success.' Her implication of the format as a relevant actor to consider, in conjunction with the child audience, aligns with research indicating that parents with a mental illness and facilitators of relevant programing argue that sharing psychoeducational materials with their children/children of parents with a mental illness would require the use of a diversity of formats of sharing – i.e., to engage the audience and accommodate age (Reupert & Maybery, 2010; Riebschleger et al., 2014).

5.1.1.2 Megan Bradley (Interview 1 of 2; Previous book: Why are you so sad?): One child might be a very receptive audience, while another might be uninterested – unique characteristics of individual audience members matter. Extending Claire's claims to children's active and consequential role in sharing quality, Megan Bradley adds depth and complexity to the discussion. More specifically, she simultaneously presents an account of minimal past discussions with her son, despite relative success in sharing with her daughter. Thus, she distances herself from silencing by constructing her son's and daughter's contrasting agency and, receptivity to sharing as key components in determining the success of sharing. This move shifts discursive focus away from Megan Bradley's sharer position, an identity that could be brought into question in terms of the quality of sharing with her son. She does not, however, completely reject personal culpability for silence.

*CB: Uhm, and you mentioned that's kind of **different** than- like it was **different** with your **daughter**, kind of thing, and ((gets quieter)) I wonder if you could **elaborate** on that a bit.*
MEGAN BRADLEY: Uhm, well, ((exhale)) they're just two different people, so ((inhale)) ((clears throat)), my daughter, she's always been uhm.. really **reasonable**, like I've always:- I wasn- I was a single parent with **her,** for the first three years of her life, so I feel like I always like **included** her in the **decisions**, and ((inhale)) gave her the **choices** and **talked** to her a lot ((inhale)) uhm, and so, as she grew up it was easier to have these conver**sations** cause we already **had** that **ba:se** *[CB: Hm.]* communication going on ((inhale)), but with [**son**], like I said, it was hard to sit him down to ha- **talk** with him, so then when I need to go and **have** these conversations an- and get into that **deep** stuff, we don't **ha:ve** ((inhale)) those **strong** lines of communication, so ((inhale)), it's just from a child who **likes** to communicate and **likes** to reason and **likes** to **analyze**, to a child who just wants to **mo:ve** ((inhale)) a:(h)nd **explore** and learn **new** things, so ((inhale)) *[CB: Hm.]*, yeah, it's the difference in personality I think […]

Megan Bradley contrasts what she describes as her son's and daughter's characteristics and upbringing, to present a claim of past and present limitations on sharing that distance her from the position of a person who silences parental depression. What's more, she partially distances depression itself from the silence, as she does not construct characteristics of depression as the main obstructions to sharing, unlike some of the participants covered in Analysis One. Rather, she claims that characteristics particular to her son block sharing, unlike for her daughter: "it's just from a child who **likes** to communicate and **likes** to reason and **likes** to **analyze**, to a child who just wants to **mo:ve** ((inhale)) a:(h)nd **explore** and learn **new** things, so ((inhale)) *[CB: Hm.]*, yeah, it's the difference in personality I think." "Just" here works to imply a clear and simple explanation. Her description of what each of her children "likes" differentiates their receptivity, situating her explanation for her silences as at least partially 'internal' to her children's qualities as individuals. Megan Bradley claims to have actively engaged in sharing with her daughter ("I was a single parent with **her[…]** so I feel like I always like **included** her in the **decisions**, and ((inhale)) gave her the **choices** and **talked** to her a lot") in a way that fostered

her daughter's receptivity to such conversations, thus taking on some of the responsibility for the lack of sharing in the context of her son, though ambiguously.

Accounts of successful sharing with her daughter position Megan Bradley as someone who can share and values sharing, confirming that greater silence with her son is at least partly attributable to him. In this way, while claiming silence, she distances herself from it. What's more, Megan Bradley claims that her promotion of discussion with her daughter was somewhat volitional on her own part. For instance, using an active voice, she states that she "**included** her [daughter]" in certain formative talking. At the same time, she also distances herself from this agency, which could construct her as otherwise culpable for silence. She matter-of-factly positions conversations related to mental illness as *necessary* citing occasions "when I need to go and **have** these conversations." She also expands her position as sharer by praising the reading as providing necessary tools for such conversations.

Megan Bradley refers to variations in her relationship status (having a partner vs. being single) during certain periods in her children's lives as having contributed to variation in their relative receptivity to parental depression-related sharing. Specifically, because she was a single mother during her daughter's early childhood, they shared a relational context that supported later parental depression-related sharing. She contrasts this sharing-conducive context with having had a partner during the same parts of her son's early childhood. In prefacing that she "was a single parent with **her,** for the first three years of her [referring to her daughter] life," she shifts some control away from herself and onto the situation, in terms of her daughter's 'receptivity' to depression-relevant sharing. This shift in control is notable through how, though Megan Bradley might have interacted with each of her children differently (implying her own culpability for restricting with her son), having a spouse is not entirely under her independent volitional control. As such, in attributing a less sharing-conducive context with her son at least partly due to her having had a spouse at the time, some responsibility is externalized as beyond her control. This makes her description more ambiguous and complex, distancing the silence from her personal values, beliefs, and volitional control.

5.1.1.3 Charolette (Interview 1 of 2; Previous book: Why are you so sad?): The child might limit sharing out of fear of hurting the parent. Charolette takes her claim to silence a step further by implying that it is inextricably linked, not only to the child but also to characteristics of the specific topic in relation to the particular child. More specifically, Charolette constructs

parental depression as a potentially hazardous topic for others to discuss, at least for the child in certain contexts, which could contribute to restrictions in parental depression-related discussions.

> *CB: […] w- what's your kind of **response** to this a- ac**tivity**, the kind of, "draw your parent who ((inhale)) has depression, kind of thing"?*
> CHAROLETTE: I would be **so** interested to see what children **dra:w**, […] but I'd be really **in**terested. ((inhale)) I'm gonna **buy** this **book** so ((both small laugh)) ((laughing while speaking until "M")) when [son]'s **older** he can draw a picture of me so I **know** ((laughs and inhale)). ((inhale)) Yeah. [Hm.
> *CB: So] it's kind of the idea [of-*
> CHAROLETTE: Maybe] that would create some **bias** or something though ((laughing while speaking until end of paragraph)) if I was like **watching** him **do** it, I'll have to get someone else to do it ((laughs)). *[CB: Hm.]* ((inhale)) Yeah ((small exhale)).
> *CB: An- and when you say kind of creates some **bias** what- I wonder if you c-=*
> CHAROLETTE: =We(h)ll I think that u:hm: he would **pr**obably be in touch with like he doesn't wanna hurt **my** feelings at the same **time**? So, ((inhale)) uhm, ((clears throat)) ((inhale)) probably the way that he would talk about me: t- **when** he's older, maybe this is- ((next two words said more quietly)) maybe- yeah. ((inhale)) He'd talk about- **talk** about <my depression,> talk about my **illness**, or talk about **me: to** me ((inhale)) would be much different than the way that he might talk about me to someone **else**?

Charolette simultaneously defends her sharer position and orients to how the audience, context, and characteristics of the topic converge to limit shareability. She, too, reconciles these paradoxical positions by (re)distributing culpability for silence. Focusing first on her self-positioning as a sharer, her verbal construction of personal intent (she states a plan-to-action rather than a possibility: "I'm gonna") to buy the book explicitly positions her as someone interested in sharing, including through the use of supplemental resources. In specifying that she would share the book with her son so "he can draw a picture" in it (the text is a workbook), she verbalizes her enthusiasm for sharing the book with her son.

While defending her position as a sharer, Charlotte counters that parental depression, at least in certain forms and contexts, is silenced by the audience and co-teller (i.e., her son). I use

the label co-teller here, due to Charolette's focus on claims to her son's receptivity to sharing by describing him as drawing in the workbook, and therefore author of some aspects of the sharing. This nuancing of 'teller' facilitates consideration of how Charolette builds space for defending any claims to silencing by implicating the child's agentic choices in the interactional relationship with her as parent. More precisely, she claims that depending on his age and whether she is present, her son might limit sharing. Rather than a passive recipient of information, the child is also an agent in sharing, supporting a re-distribution of sharer responsibility (see Gladstone et al., 2014 for discussion of the value of acknowledging the child as agent in the context of parental mental illness). For instance, she claims that it is possible she would need to have someone else go through the workbook on parental depression with her son ("I'll have to get someone else to do it ((laughs))" – self-silencing) due to her son's enactment of altruistic agency–he would not want to take the chance of hurting his mother through topically-related sharing. In hypothesizing that her son might restrict parental depression-related sharing because of not wanting to "hurt **my** [Charolette's] feelings," Charolette implies a social sensitivity to the topic at hand, at least in certain contexts and between certain audiences and tellers.

She moves between her construction of her son's reticence to share and her willingness to actively support her son's sharing, regardless of whether that sharing is with her. Her active role can be seen in her hypothetical initiative to locate ("get") an alternative sharer, rather than simply stating that her presence would limit sharing or that someone else should take over sharing. It is important to make a distinction between what Charolette is doing and how some participants from the first analysis disqualify the parent as sharer through delegation: Charolette maintains an active role in building a hypothetical future environment that would support her son's sharing by overcoming externalized obstructions. Parental depression, according to Charolette, is not equally sharable across contexts, audiences, and sharers. In this way, Charolette alludes to sharing as multidimensional and transactional rather than unidirectional and predetermined.

5.1.1.4 Snoopy694u (Interview 2 of 2; Previous book: Why are you so sad?): Children might not want to share due to fear of possible consequences. In the following extract, a father introduces a possible child-initiated silence related to parental depression as not exclusively due to childhood altruism, but instead to children's inhibited orientation and parental inaccessibility in general–aspects linked to the parent-child relationship. He claims children can be reticent to talk to their parents, whether or not they are depressed. In this way, Snoopy694u partially

distances potential silence as being the sole responsibility of the parent and demonstrates the more complex multidimensional context of sharing and silence. This father distances parents, children, himself and parental depression from being wholly responsible for any silence.

> *CB: […]is there anything that kind of.. we **didn't** talk about in terms of the book that you want to talk about? Just=*
> SNOOPY694U: = […] I think the book could've maybe ((inhale)) given the **kid** an **avenue other** than his **parents** to **talk** to because kids sometimes they don't **wanna** talk to parents. *[CB: M.]* I don't know, I never had that problem when **I** was a kid, I always could talk to my dad. **Always**, my dad was **always** there for me ((inhale)), but I think the book could have maybe said something about the- the kid being able to talk to his- to the **pet.** *[CB: Hm.]* ((inhale)) Because I think kids always- they have so much that they wanna get off their chest but they don't wanna tell the parent because they're scared they're gonna get a **licking** ((gets progressively quieter until the end of this turn)) or they're scared they're gonna get **grounded** or get something taken **away** from them ((inhale)). *[CB: Hm.]* So I think the book could've maybe said something about the **kid** maybe one day sitting down on his bed and having the dog beside him and petting the dog and saying you know, ((quieter until next inhale)) "why is mom not feeling good or why is dad being this way or- ((inhale)) um why is M and D the way they are, like I don't understand," I think the book could have maybe said something about that but it **didn't**

Snoopy694u constructs children as limiting talk with their parents in general, including on the topic of parental depression. For instance, he suggests that the child might be "scared they're gonna get a **licking** ((gets progressively quieter until the end of this turn)) or they're scared they're gonna get **grounded** or get something taken **away** from them ((inhale))." He normalizes this child-preserved silence as a general characteristic of the parent-child relationship: "because kids sometimes they don't **wanna** talk to parents."

At the same time, this father implicitly constructs the parent as partially culpable in this silencing. For instance, he contrasts his description of the life situation of the child in the reading with his own extreme case, having "never had that [not wanting to talk to one's parents] problem" given that his dad was "**always** there for" him. His use of "**always**" provides emphasis,

through extreme case formulation (see Potter, 1996 for further discussion of this discursive device), both in characterizing his relationship with his father and in his orientation to mutual silencing. The hypothetical silence may also be due to dads not being there for their children, in contrast with his own dad's presence. In this way, culpability is shifted from the child to the mutually negotiated relationship between the parent and child. This shift is further clarified in Snoopy694u's addition that, though the child might not want to engage in sharing related to parental depression with the parent, the child might still share with others (i.e., in other contexts), such as with a pet. As such, silence is distanced by Snoopy694u from the parent, child and depression itself, while he simultaneously constructs a complex web in which each of the three possible sources intersect to build sharing and/or silence.

Overall, this father discusses silence about parental depression while distancing himself, his family and depression from being the driving forces behind it. He does this work by externalizing responsibility to multiple actors.

5.1.1.5 Ben (Interview 2 of 2; Previous book: Why are you so sad?): Waiting to share until asked about the depression. Like Snoopy694u, Ben defends being someone who values parental depression-related sharing. This helps her present a subtle claim to restricting that removes culpability from her sharer position. Ben builds a relational context in which the parent is willing to share, but the child is responsible for initiating the sharing. She constructs herself as a willing teller, so long as she is asked about the topic directly, attributing an active role to her child and demonstrating complexity in terms of success of the sharing context.

> *CB: Yeah, so not]* ***hiding*** *it, but.. n-*
> BEN: ((inhale)) N:o:!] Not **hiding** that you're depressed, not **pretending** you're **not** depre:ssed, ((inhale)) I don't think that helps **anyone**, right ((inhale)), uhm, just being **su:per** open, but, a:s s:he gets **older** she can **know mor:e**? If she **wants** to? ((inhale)) But, like, *[CB: M.]* ((slight exhale)) I don't see that happening until she's like a **teenage** at **least**, right. *[CB: M.]* ((inhale)) Uhm, not that I'll **h:ide** anything from her, if I'm **specifically asked** I **will tell:**, ((inhale)) *[CB: M.]* I- in a appropriate **wa:ys**, but, you know. *[CB: Yeah.]* Yeah. Just **gauging** where your **child's** at m-.. in their **maturity**, ((inhale)) *[CB: M.]* right, and then **gauging** your answers appropriately, ((slight exhale)) I think it's **all** very dependent on **you** and your t- **and** your kid. ((inhale))

First, Ben defends her position as someone who shares and values sharing related to parental depression by condemning hiding as potentially unhelpful, which she extrematizes (I don't think that helps "**anyone**"). At the same time, she also indicates she would restrict based on what is deemed child-appropriate (I address appropriateness in a later section on the child world versus the adult world, so I limit its discussion here), depending on whether she is asked to share. She explicitly claims that "if I'm **specifically asked** I **will tell."** She resists interpretations of this silence being construed as hiding depression through a disclaimer ("Uhm, not that I'll **h:ide** anything from her") and normalizes her restricting ("Just **gauging** where your **child's** at […] and then **gauging** your answers appropriately"–"just" here working to downplay the significance or complexity of what follows). At the same time, this orientation insinuates that there are parts of parental depression that might be inappropriate and 'intentionally' restricted.

Ben moves beyond constructing the audience as passively implicated (i.e., due to age and maturity, which they have limited control over) in sharing. She makes this shift by constructing her child audience as actively implicated in creating a context conducive to sharing: "If I'm **specifically asked** I **will tell."** She reiterates her claim that in the context of inquiry she would very happily engage in sharing about parental depression (indicating its value) with her daughter and she rejects hiding it through indicating the action's possible inutility – "N:o:!] Not **hiding** that you're depressed, not **pretending** you're **not** depre:ssed, ((inhale)) I don't think that helps **anyone**, right ((inhale)), uhm, just being **su:per** open."

As such, Ben situates silence as related perhaps less to herself not being open to sharing than to her daughter's potential lack of interest in or curiosity about the topic of her mom's depression. According to Ben–"she can **know mor:e**? If she **wants** to?" This implies that if her daughter never specifically asked her about depression, Ben would engage in some restricting on the topic ("I don't see that happening until she's like a **teenage** at **least**, right"), despite her earlier claims to valuing openness. As such, she constructs her child as active, but within socio-culturally sanctioned limits on the parent-child relationship. What's more, through qualifying her support of sharing, Ben renders her self-positioning as a sharer ambiguous, which furthers the construction of sharing and silencing as multidimensional and complex.

5.1.2 The wrong climate. Parents make claims to broad social, cultural, and religious constructs as obstructions to sharing, as well. In this section, I show how parents position the

sharing environment in ways that provide opportunities to distance themselves from full culpability by contending that external influences shape sharing in ways that are not necessarily fully under the parents' control. In a sense, these various sources act to influence sharing in, conjunction with the parent.

5.1.2.1 Claire (Interview 1 of 2; Previous book: Can I catch it): You wouldn't tell your child certain details about your depression because you don't know who the child would tell, and stigma is still an issue. Stigma impinges on enactment of the sharer position; Claire practices caution regarding her audience and tailors sharing accordingly. Given that some members of society are "**ignorant**" to the 'reality' of depression, while she would not hide her story of depression in general, Claire claims to negotiate the level of personal investment in the sharing, implicating the audience as partly culpable for this restriction. She alludes to how the audience shapes the meaning of a sharing beyond the author's (i.e., the parent's) intentions and control, giving the audience a certain level of power over the success and overall outcome of sharing.

> CLAIRE: yeah and uh:.. and, **yeah**, it's important to be able to tal- feel f- ((inhale)) you can **talk** to people or talk to your **counselor** at **school** or you can ((inhale)) **talk** to a friend, it's **oka:y**, right, but. ((inhale))*[CB: M]* But there **again**, ((inhale)) a lot of parents aren't gonna tell their kids, "oh yeah, you can tell Sally's-" you know, "next door:" and then all of a sudden your neighbors know you're suffering with **depression** and **bababababa::**, you know, do you want it to **go** ther:e, right, ((inhale)) [uhm
> *CB: M.] Yeah, cause you talked earlier about* [CLAIRE: ((inhale))] *kind of your- **your** mom and-* [CLAIRE: Mhm:.] *kind of thing* […] *Yeah. Uhm, you mentioned* [CLAIRE: ((inhale))] *a little bit a- ago about how ((inhale)) uhm.. kind of n- **not** talking about ((inhale)) the **depression**, like i- "Sally wouldn't wanna-" ((inhale)) [kind of telling, (?) […] I wonder if you could el**aborate** on- on kind of what you **mean** there.*
> CLAIRE: ((inhale)) Well, okay, so I c- I come home here and I've been **ho**spitalized, well great, ((inhale)) and they go "oh where have you **bee:n**," to say "well, **gee**, I had a nervous **breakdown**, ((inhale)) and I'm having- suffered from de**pression:**," ((inhale)) a:nd, do you want all your neighbors to know?
> *CB: Hm.*

CLAIRE: Uh.. n- I didn't go all about **out** there.. you know, like "o:h, look at me:! I went through this," **no**, ((inhale)) I was very: uh **cautious** about who I **shared** things with ((inhale)) because >uh ((exhale)) **some** people **still:** ((inhale)) uh will say that "oh, **weak**-minded,"< that "a person with depression is **weak**-minded," ((inhale)) or they'll say, "o:h yeah," just, you know, u:h, "they're not- they can't **cope** with **life**." *[CB: M:.]* These are people who've never **experienced** it, have never **dealt** with it in their life, they're **ignorant** to it?

CB: Hm:.

CLAIRE: ((inhale)) So I- I **still** think ((inhale)) you have to be:- know who you're **sharing** it with? Do *[CB: M]* yo-? .. But I'm open to **sharing** it: ((small exhale)). *[CB: Hm.]* But if I s- get a **sense** that someone says, "oh yeah, depression is **crazy** people," ((inhale)) **I'm** not gonna share my story with them. *[CB: Hm.]* I ((inhale)) might try and explain, "no you're **wro:ng**, just because you have de**pression** ((inhale)) doesn't mean-" but I don't say "**I** personally have had it," right?

CB: M, yeah.

CLAIRE: But- but, for the **most** par:t, ((inhale)) u:hm there are a few that-.. in **m:y:** social circle.. that uhm.. you now, there's **one** out of maybe **ten** that say ((remainder said quietly)) "well, you're weak-**minded,**" or whatever ((inhale)), and they just don't know. *[CB: M]* They just don't know anything **different**, right.

Claire externalizes responsibility for limited sharing by self-positioning as someone who values sharing and effortfully engages in it: "But I'm open to **sharing** it." Conversely, she constructs depression as not fully shareable because of the 'ignorance' of certain audience members and over-hearers–"These are people who've never **experienced** it, have never **dealt** with it in their life, they're **ignorant** to it?" She identifies that ignorance in sentiments such as "'depression is **crazy** people,'" "'weak-**minded'**" people, or people who "'can't **cope** with **life'.**" Such negative constructions of depression help undermine the authority of some people to speak to the issues.

Explicitly linking her characterization of the audience with her attendant silences, Claire states: "**I'm** not gonna share my story with them. *[CB: Hm.]* I ((inhale)) might try and explain, […] but I don't say '**I** personally have had it,' right?" Given social discrimination, she positions

herself as a ‘smart teller’ who does not tell ‘just anyone’ or simply share for attention. Refuting possible claims to sharing as attention-seeking, Claire states “I didn’t go all about **out** there.. you know, like ‘o:h, look at me:! I went through this,’ **no**, ((inhale)) I was very: uh **cautious** about who I **shared** things with.” With this qualification, she builds an extreme position of sharing everything, which she mocks, and from which she then distances herself, which supports her own self-posturing.

What might be restricted are parts of the self that are enmeshed with depression. More explicitly, it is not the depression or the self that warrants silence for Claire, but their intersecting points. This subtle implication is demonstrated in her construction of sharing about her depression as sharing her “story”–the sharing is personal, as it is not *a* story or a fact-based telling but *her* story. As such, Claire’s argument for silence is strengthened as a form of self-protection from the ‘reality’ of others’ ignorance, including among friends (“there are a few that-.. in **m:y:** social circle.. that uhm.. you now, there’s **one** out of maybe **ten**”). Through this re-focusing on the audience, she clarifies that her restraint is self-protection in the context of ‘real’ social discrimination that has been experienced first-hand, not stigmatization. Here, Claire insinuates that the audience might stifle sharing regardless of the intentions of the identified potential sharer (i.e., the person with a mental illness), before the sharing can even begin.

5.1.2.2 Lisa (Interview 1 of 2; Previous book: Can I catch it): Stigma stops children from talking about parental depression. Taking a different vantage point than Claire in the previous excerpt, Lisa hypothesizes how social context might contribute to offspring’s silencing of such discussions. She elaborates previous claims to the child sharer’s role in sharing, but in a way that distances full responsibility from the child sharer’s identity positions. Lisa (re)locates some of this responsibility to the impact of social context as an actor in the sharing. She claims that children of parents with depression must maintain a certain level of silence about parental depression if they want to avoid being singled out among their peers. Thus, Lisa introduces nuance to the sharing context and multiplies the actors implicated in sharing and restricting. As such, she pushes sharing beyond an individualized act under the isolated control of a single sharer.

> *CB: ((inhale)) Uhm, ((small exhale)) in- in the story they kind of talk about u:hm ((slight exhale) this girl **Anna** and* ((inhale)) *her **mother** u:h with de**pression**, I’m wondering if*

you had kind of any response to ((inhale)) kind of reading ((gets quieter)) about Anna's ***mother****, kind of thing?*

LISA: ((inhale)).. Y- Ye:**ah**, I- I **think**, like I **said**, w- a **kid** will reach out to somebody and **find** a **like topic**, and.. you know i- it shows Anna w- just **casually mentioning** that her mom ((inhale)).. w- was **suffering too**, ((inhale)) and that just opened the **door**, and I think that's mor:e ((inhale)).. **typical** of sa:y:.. **reality?** ((inhale)) Wherea-.. no- **now** he knows that somebody like him, **Anna**, has sort of the same issues, ((inhale)) now they don't all **talk** about it, cause kids go on a thousand different **topics** in an **hour**, ((inhale)) but when the time he- he's **comfortable** with, ((inhale)) he c- **reaches** to **her:,** and she's- it show:s:- like she's explaining all **she's** done, the **therapy** groups she's gone to, ((inhale)) and I think that.. that's a **po:sitive** thing because she's **been** through it and she can **say**, ((inhale)) she's a good ex- **role** model for **him** *[CB: M:.]* ((inhale)) because she's explaining, giving him **backfeed** on ((inhale)) how ((inhale)) **she's** coping with it, an:d **opening** the **door**, and ((inhale)) to **me** that's realistic how kids will do things, if **they've** gone to **therapy** or something and- ((inhale)) and they're **talking** about it, **yeah**! an- and ((inhale)) it's not an easy thing t- for kids to **say**, "Well, yeah, I've had to go through a **counselor**, I've had to do **this**," ((inhale)) but, when they're **encouraged** t- it's too bad they don't- well I guess they **do**, ((inhale)) but within the **school** system maybe have a l- little **support** groups, but like especially kids don't wanna get labeled by the other **kids**, so they'd be **scared** to g(h)o in(h)to th(h)e door, "Oh no, everybody'll think I'm one of those," but. ((inhale)) Yeah, I don- I don't know, but

Lisa constructs parental depression as a topic with limited shareability, not only for the parent with the depression but also for their child(ren). As such, she adds nuance to the sharing context that implicates multiple possible actors beyond the individual sharer in the shape and outcome of sharing and whether it occurs at all.

Lisa constructs talk related to parental depression as difficult, which implicates not only the child's agentic identity position in sharing, but also depression itself. This risk takes the form of the child's concern about social ostracism due to peers inferring an association between the child and (parental) depression, which, she implies children would want to avoid. Both the child and depression play consequential roles in sharing. Yet, Lisa's construction also allocates some

responsibility for sharing to the audience. She contends that the child might limit sharing (even indirectly; "they'd be **scared** to g(h)o in(h)to th(h)e door") to avoid being ostracized ("kids don't wanna get labeled by the other **kids**" and "'Oh no, everybody'll think I'm one of those,'") from peers. Here she employs metaphor and extreme case formulations (see Potter, 1996; Wiggins, 2016 for further elaboration on this type of use of discourse) to defend her claims. Not being able to go in the door implies a significant reticence and barrier to sharing, if also hypothesized by children in extreme terms (how they are seen by "everybody").

As such, the child is constructed as an agent in sharing, but an agent whose intentions are shaped by multiple other actors in shaping its outcome. For instance, Lisa implicitly constructs social stigma in terms of a child-perceived risk that parental depression-related sharing would project undesirable identity among their peer groups. As such, limitations to sharing are built by Lisa as a consequence of a complex intersection of the sharer and multiple possible facets of the sharing context, including other possible actors with roles in the sharing and the social context itself (i.e., taking place in a school near peers or elsewhere).

This addition of actors beyond the individual sharer is notable in the way Lisa partially distances silence from the child's position as a potential sharer by pairing that claim with her construction of the child as otherwise (in "**reality**") oriented toward sharing with others. This sentiment can be seen in two of her statements in particular: "((inhale)).. Y- Ye:**ah**, I- I **think**, like I **said**, w- a **kid** will reach out to somebody and **find** a **like topic**, […] and that just open[s] the **door**, and I think that's mor:e ((inhale)).. **typical** of sa:y:.. **reality?**" and "to **me** that's realistic how kids will do things, if **they've** gone to **therapy** or something and- ((inhale)) and they're **talking** about it, **yeah**!" Although the child might play a role in silencing, it is not the child in isolation who is actively responsible for it.

5.1.2.3 Bob (Interview 2 of 2; Previous book: Why are you so sad?): Talking about parental depression is relegated to people with relevant experiences. Bob maintains Lisa's orientation to how the externalized social context might contribute to silence about parental depression. Yet, he diverges from her view in the way he both condones (through normalization) and problematizes broader social silence on the topic of parental depression. This divergence introduces complexity, nuance, and ambiguity into Bob's evaluative claims about sharing and restricting. Bob positions sharing related to parental depression as less supported by people who have not had such experiences. He constructs this passive public resistance as justifiable, though

unfortunate. He speculates that sharing might not be useful or relevant outside of with people with related experiences.

> *CB: Uhm, and I- like you indicate that seems to be kind of useful ((slight exhale)) like for **teaching,** and i- is that only in the context of like uhm a child with a **parent** with depression? ((inhale)) Or- Like I'm wondering about the context wher:e ((inhale)) like it's a child that **doesn't** necessarily have a parent with parental depression, kind of thing.*
> BOB: .. So like a child that uhm <may know> another child wit:h parental depression, or just **flat** out in **general**. ((slight exhale))
> *CB: Uhm, it- it could be **both**, kind of thing, ((inhale)) ((quieter and trails off)) whichever ((inhale)) you would- you might want to speak to, kind of thing.*
> BOB: Yea:h, ((slight exhale)) well I guess it- I mean it depends on the specific situ**ation**, a kid that **doesn't** know anybody at a:ll **with** that probably: uhm.. **isn't** going to end up **reading** it or: having it read **to** them or: interacting with it in any way cause they really: probably don't have a **reason** to. Uh somebody, maybe if it's their best **frie:nd** and their best friend's **parent** feels this then, **yeah** they might end up in that uh ((slight exhale)).. that **category,** uhm, but I mean it's the same with uh: **all kinds** of material, unless you're **in** that situation you probably don't take much **out** of it. Uhm, *[CB: M.]* <not> that I think that it would be **ba:d** for kids to **read** it, I mean, one of the things with depression is uhm the **stigma** an:d, you know, kind of the **hi:ding** it and everything, people are **embarrassed** by it uhm, and that **has** been starting to change now, but I mean, **20 years** ago like it- it just wasn't **talked** about hardly at all […]

Bob draws parallels between limited social receptivity and the limited shareability of the interview books. He normalizes this form of silence through statements such as, "cause they really: probably don't have a **reason** to" and "but I mean it's the same with uh: **all kinds** of material, unless you're **in** that situation you probably don't take much **out** of it." Implicit in these claims is a positioning of depression as an individualized issue talked about mainly among people with related experiences, so, not really a broader social issue. Rather, the issue is relevant only for people who experience and are impacted by it, and therefore, need to engage in sharing. This

framing justifies silence since sharing might not contribute much value in contexts where (known) experiences of parental depression are lacking.

Individualizing discussions related to parental depression could be problematic in suppressing knowledge about how broader social systems and structures (i.e., the economy) influence experiences of depression. Bob's claims to the interview readings as lacking benefit for people who do not claim close experience with depression is hedged through use of such words as "probably," which work to defend his claim from being easily undermined. This hedging renders Bob's position as a sharer more ambiguous and, therefore, more difficult to pinpoint and criticize for problematic silencing or unhealthy sharing. His contention also demonstrates the complexity of sharing by implicating multiple actors that influence sharing and related outcomes.

The defense of others' silence warrants Bob's reiteration of his position as someone who values sharing while presenting a disclaimer about the relevance of sharing among certain populations who might not have a reason to engage in active sharing. He claims that his defense of others' restricting (i.e., due to a lack of topical relevance) does not reflect his personal position: "Uhm, *[CB: M.]* <not> that I think that it would be **ba:d** for kids to **read** it."

5.1.3 Gendering sharing. Parents mobilize concepts of gender to defend silencing by demonstrating the complex dynamic of actors implicated in sharing and silencing beyond the individual parent. Here, I am referring to enactments of masculinity and femininity and their implication for one's role as a sharer, whether sharing occurs, and resulting consequences. The ways in which gender is implicated in sharing can be seen in parents' claims about how gender influences reception among other actors in the sharing. The purported limitations on sharing, based on the sharer's and/or audience's gender identity, reveal related assumptions. Parents situate gender as an influential component of the sharing context that presents an obstacle to discussion of mental distress. Such constructions defend against simplistic and individualizing claims that silences result from the sharer's (i.e., the parent) and/or the audience's (i.e., the child[ren]) 'intentional choice' not to play a supporting role in the sharing transaction. Rather, blame for silence is repositioned as at least partially the result of socialized gender roles and expectations that shape reception to and broader engagements with the participant's contributions to sharing. Responsibility for silence is partially shifted from the parent and child through this introduction of further agents at the intersections of sharing and its influences.

5.1.3.1 Paul (Interview 1 of 2; Previous book: Why are you so sad?): Masculinity mediates men's access and public receptivity to paternal depression-related sharing. In the following extract, Paul claims restrictions in the shareability of and receptivity to parental depression-related stories, given received gendered subject positions, and the conventions of socially available constructions of masculinity and femininity. Paul introduces complexity to the telling context by implying that gender-role expectations play a part in parental depression-related sharing. Nonetheless, these claims are complicit with the dominant order by emphasis on internalized notions of gender taking an active role in sharing.

> *CB: M. ((inhale)) And do you think it would be:- like the: ((small exhale)) kind of depiction of depression or parental depression would be any- any* ***different*** *if it was the:- the* ***father*** *instead of the mother wit:h- with depression in the pictures? ..*
> PAUL: ((inhale)) **I** think it's probably good to have books on **bo:th**. I don't know if you could have **one** book **with** both, ((small exhale)) that's a **question**, I guess, ((inhale)) but, ((inhale)) it's probably **is** good to acknowledge **both**, ((inhale)) cause it probably **is** different on **both** sides ((inhale)) because uhm:, there's probably a ton of reasons for it. Like I said, with my old-**man** at- like, ((inhale)) ((clears throat slightly)) watching **him** get depressed was pretty weird for me, cause, ((inhale)) you know, **I** had always thought he was a **huge guy** and.. very **ma:sculine** so, ((inhale)) when I saw him c- when I saw **him** breakdown it was kind of like ((inhale)) probably::- it probably was a little confusing to me, ((small exhale)) ((gets a bit quieter until "sometime")) for hi- cause he was- like I didn't understand him, **tha:t** side of him, ((inhale)) u:hm. .. ((inhale)) Same time too my mother used to get really **angry**, ((small exhale)) and like **throw** things a lot and get really: **violent,** kind of? Like mostly with **herself,** in the **washroom**.. getting really **ma:d**, but I think it was hard growing up understanding **tha:t**, ((inhale)) *[CB: M.]* cause she would go from such a w- like a **womanly** ((inhale)) **ro:le**, ((inhale)) and- into:- su- such a: **frenzied state**? ((exhale))

Using an account of his parents having had depression-related experiences in his past, Paul constructs how not only masculinity but also femininity can limit the audience's ability to receive and gain value from sharing. Paul situates gender expectations as relevant: "Like I said,

with my old-**man** at- like, ((inhale)) ((clears throat slightly)) watching **him** get depressed was pretty weird [and confusing] for me, cause, ((inhale)) you know, **I** had always thought he was a **huge guy** and.. very **ma:sculine** […] like I didn't understand him, **tha:t** side of him." Paul constructs notions of masculinity as a personally internalized social template that could not easily accommodate information related to his father's presentation of depression; given his prior conceptions of his father and masculinity, he found his father's depression-related behaviours confusing.

Similarly, Paul constructs sharing about maternal depression as dependent upon an audience's capacity to integrate the information inconsistent with socially negotiated gender norms. This disjunction can be seen in Paul's claim that "I think it was hard growing up understanding **tha:t** [mother's violent and angry behavior], ((inhale)) *[CB: M.]* cause she would go from such a w- like a **womanly** ((inhale)) **ro:le**, ((inhale)) and- into:- su- such a: **frenzied state**? ((exhale))." In "a **womanly** ((inhale)) **ro:le**" with a "**frenzied state,**" and describing his mother as shifting from the former to the latter, Paul constructs a frenzied state as external to being womanly. As a result, Paul constructs limitations in his own ability to integrate and therefore understand his mother's depression in the sharing transaction. As such, in the contexts of both his father and his mother, internalized gendered norms were active in the sharing context, thereby influencing sharing.

5.1.3.2 Ben (Interview 1 of 2; Previous book: 1st Can I catch it, 2nd Sad days): Fathers with depression are more likely seen as bad husbands, while mothers with depression are seen as bad mothers: Gender and offspring receptivity to parental depression-related sharing. Like Paul, Ben claims the influence of parental gender on sharing about parental depression, but adds complexity to this discussion. She elaborates on the variability in the audience's (in this case the child[ren's]) response to sharing based on socially constructed and contextually invoked notions of gender. For example, she constructs women as having greater access to depression-related enactments than men, due to what she describes as socially subscribed gender roles, which play an active and influential role in impacting accessibility to the sharing transaction and its outcomes. More specifically, the audience influences the meaning of sharing because gender shapes both the actors and their sharing transactions. An example can be seen in Ben's discussion of gender having more implications for the identity position of mother than father.

Perhaps counterintuitively, the expectation that women, and therefore mothers, will share depression contributes to their distress being constructed as less impactful on the family. A father's sharing of parental depression, on the other hand, could be seen as uncharacteristic and potentially more anxiety-inducing for children. Yet, Ben argues that mothers with depression are vulnerable to the position of bad mother, while fathers face more identity consequences for their role as husband. The contributions of social context to sharing consist not only of cultural notions of gender, but also other intersecting identity constructions. Overall, in analyzing this excerpt I emphasize how the sharer and audience intersect with the social context in extremely complex and sometimes paradoxical ways to shape the particular sharing transaction. [4]

> *CB: Uhm and how does that kind of experience compar:e, ((inhale)) a- and we kind of hinted at it a* ***little*** *bit, but uhm to: ((slight exhale)) kind of the experience of being a- a* ***mo:ther*** *with depression, for example,* [BEN: Mhm.] *or just a woman with depression?* BEN: […] u:hm, **yeah**, and I think that that's hard being a parent, cause.. even in today's society it's more like the **mother:** raises this k- the **kids,** for the most part, and *[CB: Hm:.]* the **da:d** provides the income or chips in ((inhale)) when he **has** to. Like, even **now** if you say, "oh.. **dad's** gonna take her away on vacation for a week," they're like, "the **dad** is!? You're not going **with** them!?" righ(h)t ((laughing)), li(h)ke- ((inhale)) like, is- *[CB: M]* "how is he gonna **survi:(h)ve**," ((laughing)) which is just **silly** cause he's **a(h)lso** a **pa(h)rent**, it's just **ridiculous**, ((inhale)) u:hm, and I think- I think that plays a big part in **depression** ((small laugh)) as **we(h)ll**, right, ((inhale)) like, *[CB: Hm.]* if **he** were.. to have gotten depressed instead of **me**.. I think, whereas **I** got the whole like ((inhale)) "I couldn't be a good **mom** at that point?" He would have got the, "I coul-" "he couldn't be a good," uhm, "**husband**.. *[CB: M:.]* **m:ore** so than good father. Does that make sense? ((inhale))

[4] The current analysis has many parallels to Analysis One, such as the notion of identity implications of sharing for parenthood. The differentiating component of this analysis is my orientation to the complexity of the sharing context and the multiplicity of actors beyond the individual sharer having monopolized control. As such, here I place less focus on the identity implications for the parent regarding sharing and focus more on 'externalized' (from the individual sharer in isolation) agents that shape the sharing transaction.

*CB: Uhm, I wonder if you could elaborate on- on ((slight exhale)) ((gets progressively quieter until end of turn)) what entails like that **good** husband that he couldn't- ((trails off))*

BEN: Mhm. Again, like- ((exhale)) like he lost his job, right, so *[CB: M.]* he can't be a good husband cause he can't **provi:de** for his family, *[CB: Ah.]* **financially**, ((inhale)) right, he can't be a good husband because he's not **there** for his wife, ((inhale)) right, uhm, >whereas: a **parent** who's a **female** gets depression,< it's more so not about "oh you can't be a good wife to your **husband**," it's more so about "you can't be a good **mother** to your **children**," ((inhale)) it's *[CB: M.]* wei:rd, >and maybe this is **totally** off, this is **all** just opinion,< ((inhale)) righ(h)t ((laughs)), ((inhale)) but it's- it's more like the h- the **focus** on the **ma:n** ((inhale)) is more about **s:pousal**.. *[CB: Hm.]* **obli**gations and the focus on a m- on a **woman** is more about **mother** obligations. ((inhale))

CB: Hm.

BEN: Yeah, it's more about the **children**, whereas a- a- a m- a **man** it's more about the **spouse** ((slight exhale)).

CB: Hm.

BEN: Right. I mean **that** depicted it- it **better** by **making** it more- it is **family?** like it's about **everyon:e?** instead of *[CB: Hm.]* just one or the **other**. But ((inhale)).. yeah. But he also comes from a really religious background, s- ((slight exhale)) uhm, *[CB: Yeah.]* so:, **that** makes a big difference in things too. ((inhale))

*CB: ((gets quieter until first "depression")) So different kind of expec**tations** kind of thing in-* [BEN: Mhm.] *>in the context of parental* [BEN: Yeah.] *depression.< .. U:hm ((slight exhale)), you had s- you had also talked about kind of with a **man** experiencing.. depression that there seemed to be maybe less.. u:h:m.. I don't want to use the wrong **words*** [BEN: Mhm.] *but, >less **acceptance** of a man having depression than a woman<?*

BEN: I- I **think** i- from what **I've** seen, that it **is** less accepted for a **man** to have depression than a woman. ((inhale))

[…]

BEN: […] i(h)t's almost weird, ((inhale)) like for a **kid** to come in and be like ((tone gets more serious)) "oh, **dad's** crying," right, like, ((slight exhale)) <all *[CB: M]* of a sudden> it's **serious**, but if your **mom** cries it's just kind of like "oh, whate(h)ver" ((laughing))

scena:rio, ((inhale)) *[CB: Hm.]* and I think that that is also the same with **depression**, like "oh **mom's** depressed," it's a little bit easier to **deal** with, ((inhale)) *[CB: Hm.]* right, where as if **dad's** depressed it feels like it's almost **wrecked** your **family** dynamic, more so than a woman being depressed.

CB: Hm.

BEN: And not because it **actually does**, it just f-.. would **appear** to. ((inhale))

Ben highlights how parental depression-related sharing is socially gendered: "Even in today's society it's more like the **mother:** raises this k- the **kids,** for the most part, and *[CB: Hm:.]* the **da:d** provides the income or chips in ((inhale)) when he **has** to." She claims, further, that a mother with depression is at greater risk of being seen as a 'bad parent' due to gendering. In contrast, a father's depression-related sharing could be seen as an indication that he might be a bad husband. Paradoxically, given the gendered context of the 'depressed-sharer' and audience, maternal depression may be assumed to have less impact on one's children relative to paternal depression. Ben provides a personal account of the impact of depression on her ability to meet the relational expectations of mothering, which she elaborates in an imagined scenario involving different responses to a mother and father enacting depression: "i(h)t's almost weird, ((inhale)) like for a **kid** to come in and be like ((tone gets more serious)) 'oh, **dad's** crying,' right, like, ((slight exhale)) <all *[CB: M]* of a sudden> it's **serious**, but if your **mom** cries it's just kind of like "oh, whate(h)ver" ((laughing)) scena:rio, ((inhale)) *[CB: Hm.]* and I think that that is also the same with **depression**, like "oh **mom's** depressed," it's a little bit easier to **deal** with.**"**

Ben normalizes women's expressions of sadness and tears. These feminized expressions are understandable as "'just ((next two words said more quietly)) emotional […] n(h)o bi(h)g **de(h)al**,'" (the use of "just" downplays the significance of the act) and "it's a little bit easier to **deal** with." In step with social norms, she presents depression enacted by the paternal subject position as more jarring: "…whereas if **dad's** depressed it feels like it's almost **wrecked** your **family** dynamic, more so than a woman being depressed." Ben's discussions of gendered norms are amplified if how diversely positioned audiences make meaning of such sharing are considered. As such, the consequences of gendered norms can shape sharing transactions in which mothers risk having their accounts (i.e., of sadness) invalidated. As such, Ben's excerpt

provides a nuanced example of the complexity of sharing transactions, including multidirectional and multi-source influences on sharing and its consequences.

5.1.4 Necessary conditions for sharing. In this section, I discuss how some parents construct depression-related sharing as situationally dependent. Affirming conditional sharing allows them to hold a sharer position while presenting accounts of situated silences. Such claims are supported by externalizing and adding complexity to the endorsed influences on sharing. Specifically, sharing about parental depression requires conditions that exceed the full control of affected parents. Some parents contend that they would share *if* necessary, *if* the child asks, or *if* the depression recurs.

5.1.4.1 Lynne (Interview 2 of 2; Previous book: 1st Sad days, 2nd Can I catch it): Restricting parental depression-related sharing to contexts of relevant experience –initiating parental depression talk if depression recurs. In the following extract, Lynne externalizes a sharing limit requiring a particular set of circumstances. She claims that she values sharing, despite past restricting, and plans to share in the future, but only if certain criteria are met: her depression recurs, and her son is not too young. By implicating her son's age and the possibility of future depression (involving lack of control over its recurrence), Lynne subtly indicates a complexity that challenges the notion of an isolated sharer.

> *CB: Hm. ((inhale)) Uhm, and you mentioned that you kind of liked that.. like as a family they're kind of* ***talking*** *about it ((inhale)), u:hm, and I'm wondering if you could elaborate on the* ***extent*** *to which that kind of fits for* ***you****, re****flecting*** *on kind of ((small inhale)) uhm* ***families*** *with parental depression. ..*
> LYNNE: Well, I've never really **talked** about it before, but if I **were** to exper(h)ience depression again? I would wanna ((inhale)) **talk** to my son about it mor:e, and maybe with like.. yeah, see how **he** like feels about it, cause I've never really **talked** to him about it before. I guess cause he was like **younger too:**, but now I would wanna know how **he** feels, if I was like to.. experience depression again.

Lynne constructs a self-perpetuated silence on the topic of parental depression with her son, but suggests that her 'current' and 'future' selves may take a more ambiguously open approach. She establishes ambiguity through figurative and externalized limits to sharing. For

example, she states that she "never really **talked** about it before" on two occasions, associating her silence with a past self. She then distances this history by suggesting that her present and future selves may value and engage in future sharing, but only if certain conditions are met. Lynne defends past restricting as due, at least partly, to her son's young age at the time (see Analysis One for more discussion of parents' use of child/audience resistance to explain silences). By citing his early years, she constructs more space, through hypothetically less resistance (when her son is older) to future sharing. Lynne also implies construction of a self that values sharing, in a qualified way: "But if I **were** to exper(h)ience depression again?" and "if I was like to.. experience depression again." As such, sharing is positioned by Lynne as valuable when experientially relevant.

5.1.4.2 Charolette (Interview 2 of 2; Previous book: 1st Sad days, 2nd Can I catch it): Certain sharing is used depending on its relevance to circumstance(s). Charolette targets the content of a specific book as warranting restricting. She presents a creative criticism of her reading that works to distance her specific quandaries from criticisms of sharing on parental depression, more broadly. Thus, Charolette distances her restricting, even further than Lynne does, by focusing on the limitations of the text rather than the topic. Consequently, she can reduce the repercussions for her hypothetical silence by adopting an informed position as someone who engages in and promotes discussion of mental distress. Her critical orientation to the content of the book externalizes at least one determinant of sharing, implies multiple influential agents, external to herself, that shape sharing, and whether it takes place at all.

> *CB: and I know you mentioned like you- ((inhale)) you like sad days glad days,* [CHAROLETTE: Mhm.] *kind of thing, ((inhale)) u:hm:, but how- how likely do you feel you'd be to read..* ***this*** *((gets progressively quieter)) one to your child, kind of thing?*
> CHAROLETTE: Uh, I- I don't think I **would**, it's just uhm.. like >**m:a:ybe** when he's **older** I would **give** it< to him to read? Maybe before like he goes and sees ((inhale)) a **therapist**, like maybe if he was feeling: **negative** about going to **talk** therapy or something, or negative about going to whatever type of therapy he's ((inhale)) uhm ((exhale)) re**ceiving, o**r just like to ex**plain** to him ((small exhale)) **w:hy:** he's going to therapy, or something like that, uhm, as he's **older**, but I don't think like at **this** point in our life? I don't think that I would ((inhale)) **read** it to him.

Charolette uses various moves that allow her to maintain the self-position of sharer while detailing her rejection of the reading in question. Though Charolette does not entirely discard the reading, she interrogates contexts in which she might share the book. Specifically, she would use the book if, in the future, her son was going to therapy–"Maybe before like he goes and sees ((inhale)) a **therapist,** " especially–"if he was feeling: **negative** about going to **talk** therapy," "**o**r just like to ex**plain** to him ((small exhale)) **w:hy:** he's going to therapy" (i.e., addressing negativity toward therapy). Further, she cites the book's potential age inappropriateness for her son. Overall, Charolette focuses her talk on the limiting qualities of the book rather than on depression itself. In doing so, she at least partly distances her identity position as sharer from this account of hypothetical restricting. Charolette's claims construct complexity at the intersections of the text, audience, and context.

5.2 Summary

Throughout this analysis I have demonstrated the ways parents who have had depression, when distancing responsibility for parental depression-related sharing and restricting from themselves, construct a sharing context in which sharing is much more complex than simply being something that the sharer does. Sharing, according to the parents in this analysis, is actively done, but the individual "sharer" is not in unique and isolated control of this enactment. Rather, parents implicate the sharing context, the audience, the medium of sharing, in combination with the sharer as necessary and influential components of sharing. As such, it is not only the parent who shapes sharing and its associated outcomes; therefore, those outcomes and whether sharing occurs at all cannot be positioned as the parent's responsibility alone.

In the analysis, I specifically covered the ways parents construct and implicate 'what the audience' (usually the child) contributes to the enactment of sharing, the role of social climate and other contextual conditions, such as socially constructed gendered roles, norms and expectations, each of which can be subsumed under the category of overall sharing context/environment. For instance, contexts that validate and support the transaction of sharing, by shaping the audience and sharer in ways that allow them to collaboratively negotiate intra- and inter-subjective points of disjunction or tension in accounts are favored. Similarly, the medium shapes and imposes parameters on how sharing gets done, due to restrictions involving written language and/or images. In turn, the audience and sharer(s) also shape the medium and contexts

of sharing. A medium, such as the texts employed in the present study, may be developed with some consideration of the resources and limitations a given audience will bring to it. In my discussion section, I expand on these ideas by linking them to the transactional theory of reader-response. I also catalogue the implications of these added complexities, not only for the parent's identity position, the focus of my first analytic chapter, but also for how supporting talk about mental distress (i.e., in the context of stigma reduction) is approached.

Chapter Six – So, Why Does All This Talk Matter Anyway? Contextualizing Analysis Two in Available Literature

Like Chapter Four, my intention in the current chapter is to contextualize the preceding analysis in relevant academic literature in order to support a more nuanced critical reflection on the discursive patterns presented and, in a very broad sense, why they might matter. As such, in the current chapter, I critically reflect on the parents' externalization of barriers to sharing and how these can be understood in the context of reader-response and narrative transportation theory. I unpack two of the externalized barriers parents presented (childhood and gender) to exemplify nuances in my theoretical contextualization of participant speech acts. In this chapter, I discuss how relevant research and scholarly literature evaluate parents' discursive moves in the context of the interviews but also in contemporary Western society. In my concluding chapter, I will consider contributions from both analyses.

6.1 Introduction

My second analysis explores parents' constructions of sharing about mental distress as a complicated social activity. Though many of the parents praised the books used for the interviews and supported the use of at least some of them, in more subtle ways, parents' also offered critical cautions about the use of such texts for therapeutic purposes (see Dufour, 2014; Rosenblatt, 1978, 1995; Tompkins, 1980 for critical engagement related to the prescription of texts). This tone of caution is consistent with theories of reading and responding from across various disciplines covered in Chapter One. Given prominent anti-stigma campaigns focused on promoting talk and sharing related to mental distress (see Bell, 2019), these parents' orientation to complexity in sharing is not only locally but also broadly informative.

As a brief review, a transactional approach to reader-response, as put forth by Louise Rosenblatt (1978, 1982, 1985, 1986, 1995), problematizes the premise of using books, such as those I provided in the interviews, as a form of topically focused, directed, didactic or therapeutic texts to influence the reader in a particular way. Rather, reading and how readers respond, as supported by both the parents from the interviews and theories about reading, are complex with implications that are difficult to control or influence in a desired direction (see Dufour, 2014; Rosenblatt, 1978, 1982, 1985, 1986, 1995 for related theoretical engagement). It is from this relationship between theory and the interview data that I argue for considered critical appraisal of our current socio-cultural orientation to mental health-related sharing (see Chapter Four for a

more in-depth discussion of this orientation to sharing). As discussed in Chapter One, in order to make these interconnections and claims, I position verbal sharing as similar to reading, but in an oral context. Therefore, though there are many similarities between these forms of sharing, the latter has its own limitations, influences, and resources that shape the "reading."

Therefore, I consider how my analysis can be augmented by research in the areas of critical literacy and psychology, particularly in transactional theories of reader-response (see Beach, 1993; Hancock, 2011; Rosenblatt, 1978, 1982, 1985, 1986, 1995; Ward, 2013) and narrative transportation theories (see Escalas, 2007; Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Van Laer et al., 2013; Ward, 2013). Based on the analysis in Chapter Five, the promotion of sharing related to mental distress, through such anti-stigma efforts as Bell's (2019) *Let's Talk* campaign, would benefit from further consideration of these diverse and overlapping bodies of literature. Such an interdisciplinary approach could support critical examination of the overall efforts of seeking social justice through talk about mental illness. Recognition of such complexities can challenge social marginalization mechanisms, such as those related to childhood.

More specifically, by acknowledging children's agency in the sharing context, parents from the current project counter Western constructions of the child as vulnerable, dependent, transitional, and passive (see Faulkner, 2016; Gittins, 2004; Gladstone et al., 2006, 2014; Siltanen & Doucet, 2008; Wilkie-Stibbs, 2008; Wyness, 2006 for further engagement with such constructions of childhood), despite their recognition that children are sometimes at a disadvantage. Such an acknowledgement of agency aligns with the reader-response theory. This alignment can be seen in the parallel acknowledgement that the designated 'sharer' is not the only agentic position; a variety of actors beyond the individual sharer or 'text,' such as the audience, the medium, and the context of a sharing transaction all contribute to the experience and its outcomes (see Beach, 1993; Gerrig, 1993; Green & Brock, 2002; Hancock, 2011; Rosenblatt, 1978, 1982, 1995; Van Laer et al., 2013; Ward, 2013 for elaborations on this type of theorizing of reading and related influences).

6.2 Sharing Texts to Influence an Audience is not as Simple as it Might Seem: Why Complexity Matters

Louise Rosenblatt (1978, 1982, 1985, 1986, 1995), a pioneer of the transactional understanding of reading and responding, contends that each reading is a unique and contextual

accomplishment in which the influence of various participants must be acknowledged in order to understand what is going on in that situation. For instance, an author's intentions in composing a text must contend with the limitations imposed by the medium, the selective attention of the audience, and context of "consumption" of their "product" (Beach, 1993; Brooks & Browne, 2012; Rosenblatt, 1978, 1985, 1995). As such, though a particular impact might be sought by the author, they and the resulting text are only part of what shapes the active engagement of reading (see Rosenblatt, 1978, 1995 for associated theoretical engagement). Rather, reading takes place at the intersection of the reader and the "text," in a particular context, and with varying supplemental influences (Beach, 1993; Rosenblatt, 1978; 1995). Further, an author's intended communication is inevitably molded and distorted by the fundamental act of production (see Rosenblatt, 1978, 1995; Tompkins, 1980 for supporting critical discussion of reading).

Similarly, as shown in Chapter One, narrative transportation theory highlights the importance of reader immersion in the reading process when assessing the impact of a reading on reader response (Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Kurkjian & Livingston, 2005; Van Laer et al., 2013; Ward, 2013). Green and Brook (2002) have argued "that transportation may be a key mechanism of narrative-based belief change" (p. 319). Gerrig (1993), a key theorist of transportation theory (see Green & Brock, 2002), emphasizes the futility of trying to force a particular reading outcome. Similar to reader-response, Gerrig implicates such 'actors' as the audience and selective attention, as conditioned by experience and knowledge, in shaping transportation and thereby the influence of a reading. For instance, though Van Laer and colleagues (2013) found that the storyteller or author does have a certain level of influence and control regarding reader transportation, 'reader variables' such as familiarity, attention, transportability, education, and sex all condition experiences of transportation.

Illustrating the interconnection of reader-response and narrative transportation theories, Ward (2013) demonstrates how "transportation theory and reader response both exemplify how readers make connections to characters through vicarious living, use visualization and imaging, and express a lived experience within the text" (p. 38). Ward (2013) develops this interconnection by stating that both approaches are "concerned with [such issues as] […] book choices, interest, motivation, and the reader's deep engagement with the story world" (p. 38). Based on this orientation to complexity, from a transactional and narrative transportation

perspective, to believe that one can predict and control reader impact is a misguided oversimplification of the inter-relational and active production that is reading (see Gerrig, 1993; Rosenblatt, 1995).

Aligning with transactional and narrative transportation theories of reading and responding, as I will detail further below, parents in the current study rather consistently constructed sharing, whether about the interview "texts" or about mental distress more generally, as not entirely under the control of a single actor, such as the designated "sharer" (i.e., the parent or the text; Beach, 1993; Gerrig, 1993; Rosenblatt, 1995; Ward, 2013). Rather, they situated sharing as a much more complex endeavor. For instance, they contended that gender, the audience, the social climate and context play active, shaping, and influential roles in sharing, including hear-ability and impact.

6.2.1 General theoretical reflections. As indicated, critical caution has been mounted by theorists regarding the explicit use of texts for directed therapeutic purposes (see Dufour, 2014; Rosenblatt, 1978, 1995; Tompkins, 1980 for associated engagement with reading and influence). Bibliotherapy, particularly when reading is assigned with the intention of invoking a particular response and directly focuses on the issue in question (i.e., children's books on parental depression used as a means to help children deal with parental depression), has been a target of such criticism. Given the multidimensionality of reading (or sharing more generally), even the basic premise of conjuring or predicting the influence of a reading is problematic given that every reading is a unique evocation that takes place in a particular context with a multitude of implicated actors that collaborate in shaping a reading (Beach, 1993; Brooks & Browne, 2012; Gerrig, 1993; Rosenblatt, 1978, 1985, 1995; Ward, 2013). Rosenblatt (1978, 1982, 1986, 1995) has been critical of overreliance on efferent readings, which focus on communication of information, to the relative neglect of the more experiential aspects of an aesthetic reading.

Such an efferent orientation can arguably be seen, though in varying degrees, in the texts selected for discussion in the current project's interviews. These texts, though varying in form and content, appear more tailored to offer specific informational details than literary quality and the transportational potential of the reading, though one of the texts seems more experientially oriented than the others (see Hamilton, 1995).

As shown in Chapters Three and Four, parents, at times, seemed to support the value of efferent sharing, especially in contexts of self-silencing on the topic of depression. This silencing

took various forms, but can be noted in parents' arguments that depression can be talked *about* but not actually *seen or heard*, in their aversion to sharing a family picture that depicted them not smiling, communications with less than ideal sharer, and their endorsement of avoiding depression-related enactments during the sharing. One parent, as discussed in Analysis One, even argued that for sharing to be most effective, emotional expressions associated with cultural constructions of depression should be minimized.

6.2.2 Connecting to the current analysis. Parallels between parents' talk and the theoretical literature are most notable in their dissemination of responsibility for sharing. For example, I showed that parents' externalization of agency in sharing, rather than being interpreted simply as a form of shirking responsibility, points to sharing as complex and the notion of its possible control as misleading. Most parents seemed to take a more ambiguous stance on the topic of sharing, rather than claiming that it was not under their control or, conversely, controllable.

Implicating multiple agents in a complex sharing context (see Gerrig, 1993; Rosenblatt, 1978, 1985, 1995 for further theorizing of agents in reading, a form of sharing), parents' talk can promote a more reflexive consideration of how mental-distress related sharing and the roles various actors play in it are conceptualized. For instance, though parents might be capable of influencing the direction of a child's attention, parents cannot completely dictate their children's/audience's agentic enactments of selective attention, itself influenced by diverse socio-cultural phenomena that can also be considered as enmeshed, mutually influential and overlapping actors (i.e., constructs of gender, childhood, parenthood, public and private realms of relevance, social climate, etc.; see Beach, 1993; Gerrig, 1993; Rosenblatt, 1978, 1982, 1995 for discussion of reading, responding and the implication of diverse actors regarding a reading's influence). By extension, parents' talk lends itself to caution regarding valorizing the roles of texts chosen for a pre-selected outcome (i.e., response). Parents' talk, in a more complex and nuanced way, orients toward the ingrained complexity of sharing, whether in the form of a reading or otherwise. Acknowledging this complexity and shifting away from the notion of control over the impact of reading or sharing has broader implications. In what follows, I provide an in-depth discussion of two categories of analysis from Chapter Five to show the relevance of this complexity to future research.

Although parents' talk implicitly parallels criticisms of such concepts as controlled therapeutic sharing (arguably the orientation of the interview 'texts'), participants also provided positive evaluations of the 'texts' from the interviews, supporting their strategic use and related sharing. As such, parents seemed to take an ambiguous, dynamic, and flexible stance regarding mental health-related sharing. Such ambiguity pertains to notions of control and protectionism as culturally-valued enactments of parenthood (see Assarsson & Aarsand, 2011; Bradford et al., 2016; Fraser & Llewellyn, 2015; Widding, 2015 for engagement with related constructs of parenthood).

6.2.3 Expanding on specific agents in sharing: Children, childhood, gender, and other socio-cultural actors.

6.2.3.1 The story of childhood: Acknowledging complexity of sharing can support efforts to counter marginalization, even while paradoxically supporting related marginalization. A recurring theme across parents' talk of sharing and associated control and responsibility was the role the audience, particularly the child audience, plays in sharing. For instance, in "The audience: What does the child bring to sharing?" from Chapter Six I expanded on how parents constructed the child audience as both overtly and covertly active participants in whether sharing occurs. Examples include such patterns as parents claiming a personal orientation to sharing, with the child intentionally or unintentionally supporting silence. Such reports include constructions of the children as a non-receptive audience, whether due to characteristics of children, the generation in general, or of the particular child in question. As such, there was diversity in the level of intentional enactment of agency on the part of the child regarding sharing, with the child seen as a meaningful actor rather than a passive sharing recipient (see Fjone et al., 2009; Gladstone et al., 2014 for further argument for the acknowledgement of children who have parents with a mental illness as active rather than passive). For instance, children might resist some forms of sharing due to a generational aversion to or preference for certain mediums of communication, or due to temperament.

This construction of the child audience as agentic in the sharing context aligns with a multidimensional conceptualization of sharing (see Gerrig, 1993; Rosenblatt, 1978, 1982, 1995 for theorization of diverse contributors in a reading its influence), that may covertly challenge marginalizing constructions of childhood (also see Gladstone et al., 2006, 2014). Further, though I engage with the child as a 'more tangible' social actor in this section, the more abstract active

position of childhood as a sociocultural and political construct is also relevant when considering parallel dominant constructs of parenthood that can be linked to tensions related to sharing of mental distress.

Oversimplification of sharing (re)marginalizes both the parent and child(ren). The broad examples I provide below set a context for my argument that even well-intentioned constructions of childhood can be contextually problematic, and that there is value in parental resistance to the idea of the child as acted on rather than acting. At the same time, while I make parallels between parents' talk and resistance to marginalization of children and childhood, I am not implying that parents did not also elsewhere and simultaneously support these same marginalizing constructs. Rather, continuing the pattern of discursive ambiguity in self- and other-positioning, parents at times situated the child as agentic in sharing but also needing protection through information titration, given their implicit transitional status (see Chapter Four on how parents negotiate orientations to protectionism and control).

Overall, with some variation, childhood in a Western context is often defined in juxtaposition to adulthood, with childhood being constructed as a liminal state of transitioning to adulthood (see Alderson, 2013; Bradford et al., 2016; Wall, 2018; Wilkie-Stibbs, 2008; Wyness, 2006 for engagement with related constructs). In line with this liminal position, children are situated as dependent, innocent, passive, without full access to the adult world (see Bradford et al., 2016; Wall, 2018; Wilkie-Stibbs, 2008; Wyness, 2006). As an extension of this notion, children are (in theory) not allocated similar social responsibility as a "fully-developed" social being–an adult (see Bradford et al., 2016 engagement with this argument). A poignant example is the implicit assumption of children's lower levels of competence compared to adults, resulting in a lower level of freedom and control of their lives, owing to that assumed dependence (see Alderson, 2013; Assarsson & Aarsand, 2011; Wyness, 2006).

A contextual example of the marginalization of children arises in the area of "child carers." The issue of child carers holds particular relevance to parental depression due to the association between parental mental illness and what is termed "parentification" (socially inappropriate responsibility and caregiving roles being placed on the child; see Ahlström et al., 2011; Aldridge, 2006; Foster, 2010; Meadus & Johnson, 2000; Olsen & Clarke, 2003; Tussing & Valentine, 2001; Van Parys et al., 2015; Wyness, 2006). Such caregiving roles and increased social responsibility risk deviation from cultural constructions of the child as dependent and

cared *for* in the parent-child relationship, as well as the general separation of children from the social responsibilities of the adult world (see Ahlström et al., 2011; Aldridge, 2006; Olsen & Clarke, 2003; Tussing & Valentine, 2001; Van Parys et al., 2015; Wyness, 2006). In a sense, parentification could be described as a role reversal in the parent-child relationship, which violates the adult-child social hierarchy of participation, access, and power, though some scholars have argued against such associations with parental disability (see Olsen & Clarke, 2003 for related criticism). Owing to deviance from prescribed social roles, parentified children may be at risk for various developmental difficulties and adverse outcomes, according to the academic literature (see Aldridge, 2006; Fraser & Llewellyn, 2015; Hinshaw, 2018; Olsen & Clarke, 2003).

Though it is important to validate accounts of negative experiences and outcomes associated with caretaking "role-reversal," it is also important to acknowledge how this perspective can be re-marginalizing (see Gladstone, 2015; Gladstone et al., 2014). For instance, by pathologizing and not validating child carers' competence in care-giving, their contributions are devalued and arguably silenced by the dominant discourses of childhood (Gladstone et al., 2014; Wyness, 2006). Social resistance to recognizing and validating child-carers could place children at greater risk of exploitation and limit their access to caring resources (see Shier, 2016; Willkie-Stibbs, 2008; Wyness, 2006 for related engagements with divergent childhoods/children). Pathologizing also works to ignore rather than validate these children's claims to identity positions that might also be personally and socially valued outside of childhood, such as being a caregiver as an adult (see Gladstone, 2015; Gladstone et al., 2014; Wyness, 2006).

By acknowledging the shaping influence of the child audience in sharing, parents may help de-marginalize childhood by constructing a less passive and helpless social position for their child (also see Gladstone et al., 2006, 2014 for further discussion of de-marginalization through acknowledging child agency). Rather, by presenting sharing as multidimensional and complex, and implicating multiple actors in the success of sharing, parents open space for validation of children's agency, thereby making certain sharing resources more accessible to the child. Children were constructed by parents, at times, as active in shaping the form of sharing, the extent to which sharing occurs at all, and the implications of that sharing, even through their lack of curiosity to inquire about the topic or an aversion to particular forms of sharing (i.e., through the medium of books in a technological society). The parents re-negotiate the child's position in

the broader social hierarchy through their claims to the child's integral role in sharing. Further, since sharing about parental mental illness is situated in the literature as therapeutically important for intrafamilial well-being (Beardslee, 2019; Beardslee et al., 1997; Focht & Beardslee, 1996; Reupert & Maybery, 2010), allocating the child an active role in sharing and facilitating their access to sharing resources could be associated with a certain level of social empowerment in the specific family context, in therapeutic situations, and in broader society.

At the same time, parents also reinforce children's social marginalization. For instance, in constructing the child's age and level of maturity as actively implicated in the sharing, emphasis is placed on the transitional process of becoming an adult and full social actor. This possible point of tension can be seen in the coupling of parents' construction of children as active participants in sharing with their construction of parental engagement in silencing as a form of protective parenting, as noted in Chapters Three and Four. This seemingly paradoxical construction could help defend against parents being positioned as someone who silences mental distress, while maintaining the hierarchical relationship between adult/parent and child, a pattern observed in Analysis One. Still, parents' resistance to multiple marginalizations are not inconsequential. Rather, parents may take the ambiguous and perhaps less socially risky position of both supporting and questioning dominant constructions of the child and childhood. This ambiguity could help defend the parent from being identified as holding views of childhood that might be deemed deviant. As shown in Analysis One, the parent's position as parent and sharer can be defended from the risk associated with some identity intersections (including about their mental health) in which these categories seem to be at tension if simultaneously claimed.

6.2.3.2 The child and cultural constructs of childhood are not the only actors that can undermine sharing: Gender as an active participant in sharing. Prevailing notions of gender are germane both to sharing and receiving parental depression-related accounts. Before expanding on gender as an active and enmeshed participant in sharing, it is important to note that I am not using gender to make an explicit gendered argument about sharing. Rather, I am implicating gender as a socio-cultural and political construct that has shaping implications for sharing in the same way as do prevailing notions of childhood and the child. These two categories of gender and childhood, when considered together, demonstrate the diversity of influential actors in sharing contexts. In this way, gender, itself becomes an actor, implicated, according to parents, in discussions of sharing and receiving related to (parental) mental distress.

Based on the parents' talk, gender may become an 'actor' in their considerations of how to approach sharing. They contend that gender shapes the sharer, author and audience. For instance, in the third analytic category of Analysis Two, parents positioned emotionality as less accessible to men than women and therefore as less sharable in contexts where masculinity matters. They claim that gender expectations impact the audience's selective attention in such a way that masculine experiences of emotion might be left unshared. As such paternal expressions of depression, such as weeping, might be received as more significant than maternal communications, because of their novelty. Yet, some parents in the current study indicated that parenting continues to be gendered, and it therefore impacts the audience's interpretation of parental communications of mental distress. As such, though paternal depression may be perceived as more severe and serious, communications of maternal depression carry greater social risk for undermining one's parenthood.

Given that emotional expression is often associated with enacting femininity and rationality with enacting masculinity (Courtenay, 2000; Pease, 2012), perhaps adding further to efforts at addressing the marginalization of femininity within patriarchal societies would help reduce some of the stigma associated with mental distress-related sharing for all genders. This tall order could be supported by recognizing gender as one among many interrelated and influential actors with stakes and consequences in mental health sharing. Put another way, if emotionality is feminizing, but femininity is less marginalized, perhaps emotional expression would not be as significant a risk to enacting masculinity (see Courtenay, 2000; Pease, 2012), thereby altering the stakes and role of gender as a socio-cultural and agentic actor in sharing. Though current anti-stigma campaigns (i.e., Bell, 2019) demonstrate consideration and integration of gender in sharing promotion, I am emphasising the importance of social interrogation of gender constructs more broadly. Supporting this argument, Courtenay (2000) contended that:

> If men want to demonstrate ideals of manhood as defined in North American society, they must adhere to cultural definitions of masculine beliefs and behaviours and actively reject what is feminine. […] By successfully using unhealthy beliefs and behaviours to demonstrate idealised forms of masculinity, men are able to assume positions of power – relative to women and less powerful men – in a patriarchal society that rewards this accomplishment. (p. 1397)

As such, acknowledging sharing as complex and multidimensional facilitates recognizing how a multiplicity of actors can impact silences related to parental depression by shaping the sharing experience. Keep in mind, my orientation to gender here focuses on gender as an active agent in the context of sharing rather than a component inherent to an individual; gender acts on sharing, including through other actors such as the sharer and audience, rather than operating as a passive characteristic of individuals. As such, I am appealing not only to local level 'enactments of gender' but to gender as a socio-cultural and political actor in a way similar to how the symbols of language inevitably condition sharing. For instance, both language and gender shape 'what' can be shared, the form it takes, while inherently limiting and distorting the contributions of others in the sharing transaction, including the author's intended messages in readings and the speaker's intentions in sharing (see Rosenblatt, 1978, 1985, 1986, 1995 for related theoretical reflections).

6.3 Overview

As argued by proponents of transactional theories of reading, sometimes addressing the topic and "lesson" directly in efferently-orientated sharing is not necessarily the most effective approach for supporting narrative influence (Rosenblatt, 1995). Though parents' claims can be compared to reader-response theories regarding the complexity of a reading, thereby supporting a more complex notion of sharing as multidimensional and difficult to control, there is more going on in sharing transactions. Some parents value a more efferent orientation to sharing in terms of getting certain information across and minimizing emotional reactivity in the context of sharing. Though parents' positions on the efferent/aesthetic continuum varied and at times were ambiguous, they did support reading with children as multidimensional. As such, parents' self-positioning at least implicitly problematizes the notion of influence through didactic sharing by implying limitations to their control of sharing and thereby its implications. This acknowledgement is significant, given scholarly emphasis on the experiential component of a reading's possible impact (see Gerrig, 1993; Rosenblatt, 1978, 1982, 1995 for related theorizing). Consequently, this subtle parallel with reader-response theory supports an acknowledgment of the experiential component of reading (which is not under complete control of the sharer).

Reflection on the social, cultural, political, and environmental actors–directly or indirectly shaping available language and cultural categories in the sharing transaction–could be valuable in

a therapeutic context. More specifically, parents from the current project indicate possible barriers to parental disclosure that could be valuable areas for consideration when disclosure is important to therapeutic goals and general aims of supporting child and family well-being. Appreciating such barriers to sharing and its complexity could help reduce the impact of those barriers in therapy. As shown in Analysis One, this claim is also relevant to the role of intersecting identity positions in evoking particular risks to sharing.

As with Analysis One, it is important to situate the current analysis and discussion in the broader context of public talk about social sharing and the silence surrounding mental distress and the medicalized category of mental health. The integration of emotion-laden personal narratives in anti-stigma campaigns (i.e., Bell's [2019] *Let's Talk* campaign) attempt to assimilate aspects of a more aesthetic orientation to sharing that focuses not only on sharing specific information about mental distress. Rather, they call upon the audience's emotional connection to the content, which aligns with appreciating the importance of the aesthetic component of a reading or sharing. As such, Bell's (2019) stigma-reduction campaign offers at least passive acknowledgement of the importance of the experiential component of sharing in its influence (see Gerrig, 1993; Rosenblatt, 1978, 1982, 1995 for further engagement with the importance of the experiential component of reading).

Overall, in this chapter I provided contextualizing links between Analysis Two and the academic literature, deepening my critical reflections on the discursive patterns noted in Chapter Five. More specifically, through presenting links between the discursive patterns of the parents with such theoretical orientations as reader-response and narrative transportation theory, I was able to theorize how the parents' particular forms of talk might matter in a broader sense. For instance, these theoretical orientations help support reflection on the broader social relevance of the parents' patterns of talk. Their discussion of externalized barriers to sharing are illuminated by reader-response, narrative transportation and intersectionality theories. Using these theoretical frames, I have presented parents' accounts of externalized barriers to sharing, to demonstrate that sharing, like reading, is complex and multidimensional. This is relevant when considering anti-stigma. I go into more specific detail regarding possible implications and applications of this analysis, in conjunction with the first analysis, in the following chapter.

Chapter Seven – Implications, Interpretive Parameters, and Future Directions

7.1 Sharing Related to Mental Distress Needs to Consider More Than the Restrictive Parameters Around Mental Distress and Related Talk

In this chapter I discuss possible implications of the current study, as well as interpretive parameters that should be considered when reflecting on my analyses and suggestions for future directions. Note that I am intentionally invoking the notion of interpretive parameters rather than "limitations" to maintain ontological and epistemological consistency. This re-positioning validates a complex and meaningful role for context in refining meaning making rather than as a confounding limitation in research. This does not imply that the current study was without possible areas of improvement, refinement, and extension that would increase the utility and value of this project, but rather, that there are important ways to build on this research.

7.2 General Reflections on the Position of Sharing in Mental Health Discourse: The Value of an Intersectional and Interdisciplinary orientation

Sharing about mental health is not only a cornerstone of some of the major mental health campaigns in Canada (such as the Bell [2019] *Let's Talk* campaign), but is also touted by professionals and offspring themselves as an important intervention in intrafamilial well-being when a parent has a mental illness (Beardslee, 2019; Beardslee et al., 1997; Focht & Beardslee, 1996; Foster, 2010; Meadus & Johnson, 2000; Trondsen, 2012). As such, the parents' constructions of complexity in the sharing context, whether regarding the books specifically or mental distress more generally, can be informative in exploring the role of stigma in therapeutic silences. This orientation to complexity in sharing also reinforces the work of scholars who have highlighted the importance of acknowledging the child of a parent with a mental illness as an active participant (i.e., in the family and in making meaning of parental mental illness) rather than as a passive victim of parental mental illness (see Fjone et al., 2009; Gladstone, 2015; Gladstone et al., 2006, 2014).

Interdisciplinary perspectives, as indicated throughout this dissertation, position sharing as an active and inherently intersectional experience (see Gerrig, 1993; Rosenblatt, 1978, 1995 for discussion of sharing, in the form of reading, as active). Addressing what makes particular experiences of mental distress, such as parental depression, less hear-able and share-able, has the potential to reduce stigma's role in silencing. As such, based on the literature, arguments and analysis presented here, society might be better served by situating the topic of mental health in

the context of larger efforts to promote intersectional social justice. Such an approach would foster acknowledgement of the entanglement of mental distress and related sharing with such sociocultural constructs as gender, childhood, and parenthood, which work as actors in shaping the stories told, if and how they are heard, and the influence of sharing (see Gerrig, 1993; Rosenblatt, 1995 for a similar description of reading).

To an extent, the variety of partnerships claimed by Bell (2019) in regard to its *Let's Talk* campaign indicated a recognition of the need to address mental health through a broader perspective on social contexts beyond mental health that nevertheless influence its distribution and prevailing responses. Adding to their laudable demonstrations of possible intersectional thinking and their acknowledgement of sharing as multidimensional, anti-stigma campaigns demonstrate a movement toward a more complex notion of sharing, not only situating and promoting the experiencer to be the active sharer, but also by addressing the audience's receptivity to and support of such sharing (i.e., not trivializing the experience when listening; see Bell, 2019). As such, there seems to be acknowledgement that multiple actors are implicated in sharing. Bell's campaign presents accounts of mental distress from various social locations, indicating possible intersectional influences on affected individuals.

Yet, further emphasis could be placed on developing an intersectional orientation in order to reduce risks of treating socio-cultural actors in the sharing context as inert and independent demographic variables. For instance, taking the critical unpacking of sharing a step further, it becomes important to ask, 'What counts as sharing in the first place and what/whose evaluative parameters of sharing are used?' Based on parents' engagements with the notion of sharing, I would argue that public health campaigns oriented to supporting open discussion of mental distress as a form of destigmatization, are not equally accessible across social locations (i.e., parental status). Relatedly, the space available for and validation of sharing is restrictive (i.e., regarding the content and shape of the sharing, as well as the social credibility of the sharer).

7.3 Interpretive Parameters and Implications for Future Research: Moving Beyond Context as Limitation

A valuable area for further reflection regarding the current project's research question(s) is reader-response (see Rosenblatt, 1978, 1995; Ward, 2013 for broad elaboration on reader-response) and narrative transportation theory (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Van Laer et al., 2013; Ward, 2013 for further engagement

with narrative transportation). Both theories highlight the significance of reading context, including the contributions of diverse actors (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Rosenblatt, 1995). These theories not only expand this study's interpretive parameters (i.e., through helping frame the project and make meaning of data); they also highlight important areas for future research, as I specify below.

As detailed in Chapter 2, most of the interviews took place in a rented meeting room on the university campus, with one set having taken place in a participant's residence at that individual's request. Given that context is intimately implicated in a reading (see Gerrig, 1993; Rosenblatt, 1978, 1985, 1995), it is important to reflect on the role of this interview environment of convenience in the reading. Given the university context and my role as student researcher and interviewer, participants may have directed their selective attention toward more efferently focused readings, owing to a locational association with testing and assessment of knowledge, versus deeper reflections on their experiences of them. I did provide some broad points of orientation regarding possible topics of inquiry during the interviews, and I believe that I framed the study in a way that was open to a more experiential focus.

Future research would benefit from creative manipulation of the environment for exploring this project's research question given the importance of context in reading and its link to implications. For instance, having the interviews in a more informal community setting or at participants' residences might mediate perceived social expectations among participants that a particular *type* of reading (i.e., efferent or aesthetic) is correct. Similarly, it would be fruitful to explore how parents engage in and negotiate sharing the books from the interviews, or even about parental depression more generally, at home with their children rather than seeking hypothetical reflections on sharing. This variation might take such forms as having parents record themselves reading the books with their children without the researcher present, and then having both the parents and children talk about the experience (on their own or with the researchers). Such a structure could further illuminate dynamics of sharing related to parental depression through data collection in a non-institutional setting. Perhaps such a change in setting and audience, would demonstrate further contextual parameters for sharing related to parental depression.

Similarly, alternative formats to interviews could also prove informative. For instance, a community group setting (such as a book club), where parents discuss and respond to readings among themselves, rather than with an interviewer, could add a valuable nuance to the topic by

altering components of the reading and responding environments (i.e., altered social hierarchy, social norms of engagement, and assumed expectations in attentional orientation during reading and responding). The particular context of an institutionally situated "dyadic" interview may have also contributed to parents' talk being more reserved or defensive, a pattern I focused on in the analyses. For instance, the formality of the setting could have increased the perceived risks of sharing, and therefore parents' caution regarding the issue. As such, the importance of contextualizing the analyses in the particular conditions of data generation is paramount and an area for variation in future research.

Future research could also explore transactions with books other than those used in the current interviews as well as exploring other mediums. For instance, given the authoritative affiliations of two of the books (APA and CMHA) with what I argue is an overt focus on describing depression and detailing related "facts," the books I chose for this project could have oriented readers to a more efferent reading (i.e., information seeking). As discussed regarding reading and responding, particularly in the context of reading influences, the author's intended message is only a part of the group of active contributors to a reading's subsequent implications (see Gerrig, 1993; Green, 2004, 2008; Green & Brock, 2000, 2002; Green et al., 2004; Van Laer et al., 2013; Rosenblatt, 1978, 1985, 1995; Ward, 2013). Less didactic texts and texts that have a subtler orientation to parental depression, as well as forms of sharing that integrate other mediums beyond the formal text (i.e., engagement in other expressive arts), could be a meaningful avenue of exploration in future investigations.

As I have argued on multiple occasions, Rosenblatt (1978, 1982, 1986, 1995) has been critical of an overreliance on efferent readings to the neglect of experiential components, especially when attempting to clarify possible implications of such readings. Given that many of the parents in the current study seemed to use more ambiguous and at times indirect approaches to sharing regarding parental depression, exploring their responses to a variety of texts (i.e., varying in how overt the focus on depression is, etc.) could help develop greater complexity in relation to possible implications of reading and sharing about parental depression.

Potential future extensions of the current project could engage an array of media beyond published books. For instance, future research might engage parents' in story construction (i.e., informal bookmaking), or other forms of creative expression, to enable more personal and intimate readings/sharing. This re-orientation to considering diverse forms of sharing as valuable

for promoting accessibility of mental health resources is in alignment with Boydell, Cheng, Gladstone, Nadin and Stasiulis's (2017) argument for the value of digital storytelling, along with other forms of arts-based orientations in research (also see Facca, Gladstone, & Teachman, 2020; Gladstone, 2015; Gladstone et al., 2014 for engagement with ideas related to alternative forms of 'sharing'), including in the context of mental illness in families. Such story construction and sharing could also take place in a variety of environments. For instance, the books could be constructed, read, and discussed individually, by the parent and child in conjunction, in a group context, etc. Not only might such methodological elaborations provide valuable nuance to the research; they could support facilitated conversations around the topic of parental depression among parents and/or offspring. Discussion groups could be explored as possible means of promoting parental and offspring access to formal and informal mental health resources such as therapy, information related to programs for financial support and child-care, possible academic aids for children with particular developmental needs observed among children of parents with depression, as well as diverse forms of support from family, friends and peers (see Biebel et al., 2015; Nicholson et al., 2015b for discussion of related resources/programs).

Such group engagements and their potential implications for silence could be explored in relation to the therapeutic goal of cultivating family dialogue surrounding the topic of parental depression (Beardslee, 2019; Beardslee et al., 1997; Focht & Beardslee, 1996). One way such groups might support these types of benefits is by providing an external context for validation and support of familial counter-narratives to potentially marginalizing accounts of parental depression–making such opportunities more accessible to disadvantaged groups. Trondsen and Tjora (2014) provided a strong argument for the potential value of supporting the development of groups for people affected by parental mental illness. Specifically, they demonstrated how self-help groups organized online for adolescents of parents with a mental illness helped the adolescents re-evaluate their own and their family's identity position – i.e., moving from being deviant to a more normalized and shared experience. Further, such groups facilitated opening discussion of related experiences, including openness in other non-online contexts (reducing adolescents' engagements in related silence). Further supporting the value of such groups, Hine, Maybery, and Goodyear (2018a) emphasized the potential value of connectedness regarding the well-being of mothers with a mental illness and supporting disclosure. They argued that "robust connectedness can expedite personal recovery from mental illness and provide resources to build

capacity to overcome adversity," and included among their conclusions that "some women spoke of the recovery benefits they obtained from being able to support others or make positive social change through community-education roles" (p. 680). In both projects, the researchers highlighted the importance of supporting, cultivating, and creating opportunities for safe connection for those affected by parental mental illness, including emphasising the importance and potential therapeutic value of safe connection in the context of engagements with health professionals.

As argued by DePouw and Matias (2016), counter-stories are important in challenging social marginalization, such as in the context of parenthoods that do not fit privileged norms. By coming together in recognition of joint struggle and disadvantage, such groups could help shift parental depression (and related issues of sharing) from construction as an individualized struggle to a shared one around which mutual support can be given and received. According to a Community Psychology approach to social change, group dissatisfaction with the status quo (i.e., regarding service provision) is a main mover of community change (Moritsugu, Vera, Wong, & Duffy, 2019). As such, by bringing families with similar experiences (i.e., parental depression) together in the context of a support group, such an intervention could build a communal sense of solidarity around dissatisfaction with the status quo regarding parental depression (i.e., social marginalization) and unequal accessibility of mental health sharing and related anti-stigma effort (see Biebel et al., 2015; Nicholson et al., 2015a, b for discussion of the value of multi-level communal interventions that can also include peer support). Caution would likely be needed regarding the channeling of this dissatisfaction due to the topic being depression. For instance, promoting dissatisfaction with the status quo could exacerbate depression. Perhaps a support group setting oriented to de-individualizing depression and theorizing possible actions that the group could take to help reduce marginalization would diminish risk (see Biebel et al., 2015; Maybery et al., 2015; Nicholson et al., 2015a, b for discussion of the value of a de-individualized approach to parental mental illness).

Moritsugu and colleagues (2019), in a similar exploration of social marginalization as a motivator of social change, cited diverse sources in arguing that "complaints with the lack of services to ethnic minority populations were behind similar moves toward a culturally informed psychotherapy" (p. 120). Perhaps raising communal awareness about the social disadvantages faced by parents with depression in anti-stigma efforts could stimulate similar change. Possible

points for social change could range from critically evaluating such concepts as parenthood and childhood (i.e., to facilitate access to sharing), or even the notion of sharing itself (i.e., so diverse iterations of sharing can receive social validation, including variations of sharing based on the social location from which one shares and the context). Yet, returning to potential issues that might arise with promoting a dissatisfaction with the status quo among parents, this dissatisfaction could risk being invalidated on a broader socio-cultural level. More specifically, parents might face others characterizing their communication of dissatisfaction as a symptom of the depression rather than an increasing indication of the need for broader social change.

Socio-cultural context can be considered an influential agent in sharing/reading (Rosenblatt, 1978, 1985, 1995). For instance, culture shapes the resources available for the creation of a text, influences the author's constructions, what the reader brings to the reading and how they engage in it (Rosenblatt, 1978, 1985, 1995). Similarly, I have argued throughout that culture is implicated in notions of childhood, parenthood, and family, as well as possible definitions and social evaluations of sharing, itself. Parents varied along the efferent-aesthetic continuum in their appraisals of sharing variables, and some even made evaluations of the utility of sharing, based at least tangentially on each sharing's placement on this continuum. This parental ranking provokes an intriguing inquiry into what counts as sharing or silence and what the social, political, and cultural implications of these evaluations are. Given my argument on the relevance of constructs of childhood, parenthood, and family regarding parents' engagements during the interviews, focusing more on cultural variations in reading and responding (whether at the level of the author, reader, text, context, etc.) could present vital opportunities for extending this research.

A valuable cultural extension particularly relevant to a Canadian context would be to conduct a similar study with a focus on Indigenous peoples. First, Indigenous populations in Canada experience disproportionate health burdens, including mental health struggles and accessing health resources (Davis, 2014). These adversities underline the significance of developing accessible community-based interventions aimed at supporting population well-being. Further, given continued socio-cultural and political stigmatization, discrimination, marginalization, and stereotyping of Indigenous Peoples (Davis, 2014; Methot, 2019; Walker & Behn-Smith, 2015), and that some parents from the current study cited stigma as a reason for

silencing, such an exploration could indicate how experiences of social marginalization might intersect with sharing about parental depression.

A poignant example of culture's role in sharing can be found in Methot's (2019) broad characterization of common differences between Indigenous and European narratives: "European stories usually follow a linear conflict-crisis-resolution format. They are discrete and almost always aim to communicate a central moral or lesson" (p. 16). In contrast, Methot (2019) contended:

> For Indigenous peoples, stories are about movement, transition, and change. Instead of being centred on events, Indigenous stories tend to reveal an emotional narrative. The purpose behind Indigenous storytelling is to evoke the same emotions in listeners, so that they can make connections to their own lives–sparking the learning and the transformation that Indigenous peoples consider sacred. (p. 17)

Given historical devaluing of Indigenous ways of knowing and the Western idolization of science as privileged source of knowledge (see Davis, 2014; Methot, 2019; Walker & Behn-Smith, 2015), how might an orientation to emotion rather than "facts" in sharing parental depression be evaluated? In the current study, there were some explicit instances in which an "objective" or "detached" sharing of parental depression, relative to a more subjective and/or emotional sharing, seemed to be valorized by parents, though this was not ubiquitous (there were instances of the opposite as well). If subjective sharing is devalued, it is possible that Indigenous ways of sharing parental depression might be similarly devalued, invalidated, or not even counted in mental health sharing.

Beyond possible cultural differences in style and tone of sharing it has been argued that the individuated Western biomedical approach to health can often misalign with the views of Indigenous Peoples, which take a more ecological approach (Davis, 2014; Methot, 2019; Walker & Behn-Smith, 2015). As such, children's books that focus on an individualized notion of mental illness and treatment might produce differences in accessibility and benefits. Social marginalization not only reduces accessibility to anti-stigma efforts through diverse approaches to storying; it could also limit efforts to reduce mental health stigma (i.e., due to perceived engagement in silencing or resisting efforts to support social sharing of mental health).

Given what has been positioned as an oral tradition among certain Indigenous populations in Canada and possible disjunctions[5] in the structure of sharing between settler colonial and Indigenous populations (see Methot, 2019), learning more about those differences could be a fruitful line of inquiry. How might efforts to promote mental health sharing reinforce hierarchical evaluations of sharing and silence, based on diverse ways of knowing that do not fit dominant conceptualizations, due to inaccurate interpretations of cultural sharing practices as a form of silence? Such invalidation of storying harkens back to the social silencing and invalidation I discussed in the first chapter (see Chapman & Bhopal, 2013; Few-Demo et al., 2016; Haines et al., 2014; Hardesty et al., 2008 for the literature I used to support my related discussion in Chapter One).

In summary, beyond asking why sharing and resources (such as the books) targeting mental health solutions might not be equally accessed, accessible, and beneficial across populations, a few more fundamental questions need to be unpacked: What counts as sharing? How is such an evaluation determined? What stakes might be implicated and what social positions reified in the evaluation system in question? Taking an intersectional and interdisciplinary approach to mental health sharing can permit critical evaluation of the notion of mental health sharing itself. If available language is insufficient as a system of symbols in supporting sharing, resulting in certain key aspects of a message being distorted and/or silenced, perhaps adjustments are needed to the available systems of symbols, from language to identity norms, so as to alter their limiting role in sharing. Returning to the topic of mediums of sharing, further exploring and validating forms and experiences of sharing outside of the written text or even the spoken work, such as in the form of other expressive arts, could help bridge some of these gaps in sharing's accessibility (i.e., due to issues of language differences and limitations, age, differing ability, etc.). What's more, perhaps addressing less obvious actors, such as gender, childhood, parenthood, etc. as sharing participants, could be a valuable avenue of intervention, thereby aligning with a more intersectional interrogation of how social inequality might be imbued in the concept of sharing itself.

[5] Note, it is also important to reiterate an acknowledgment of significant "within-group" variation and "between-group" similarities and how claims to Indigenous and non-indigenous sharing are meant to make claims to broad patterns for rhetorical purposes rather than to imply a consistent, invariant and categorical difference based on one component of an individual's social grouping.

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Appendix A

Interview Guide

Overall notes to interviewer:

- *I will be sure to indicate that the participant can read the book(s) as many times as he or she would like before beginning and can take as much time as he or she needs to read the book(s) the number of time he or she would like to*
- *If the participant only refers to either the written 'story' or the images, I will consider prompting him or her to reflect on the other dimension of the book*
- *If the participant does not refer to the text in answering a question, I will consider asking the participant whether there are specific parts of the book that exemplified or prompted his or her discussion*
- *I will randomize the order of the interviews*
- *I will time approximately how long the reader spends with the books in the 'reading periods' before indicating to me that he or she is ready to start the interview questioning*

Questions for the interview with the CAMH (2009) and Hamilton (1995) texts:

I will give the participant time to read the first text at her/his leisure, and then I will ask the participant to discuss the text with me. Once the participant finishes discussing the first text, the participant will follow the same procedures using the second text. I will randomize the order of CAMH (2009) and Hamilton (1995), and ask the participant summary questions to complete the interview.

Questions related to CAMH (2009)

1. **Have you read this book before today?**
2. **What was your overall response to this reading?**

Notes to the interviewer:

- *I could ask the participant to flip through the book to provide any reactions he or she has to specific sections*

3. **Was there a part or were there parts, such as certain pages or sections, of your reading that struck you?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect(s) of the book that he or she found particularly striking*
- *I could follow-up with asking if reading any specific pages struck the participant and prompt him or her to turn to and discuss it*

4. **What was your response to the parental depression in this reading?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect of the book that he or she found particularly striking*

5. **How does your reading of this story of parental depression relate to how you might tell a story about parental depression? As you are answering this question, feel free to flip through the book to provide specific comparisons.**

Notes to the interviewer:

- *I could ask the participant to elaborate on any comparisons to the book he or she makes*

6. **What was your response to the father in the story? As you are answering this question, feel free to flip through the book to provide specific reactions.**

Notes to the interviewer:

- *I could ask the participant about what (i.e., specific parts of the book) contributed to his or her reaction*

Other areas that I could prompt include:

- *The dad's relationships with the son and mother*
- *The father losing his job*
- *The father not being able to go to the soccer game*
- *The father not taking care of himself or no longer doing things he enjoys*
- *The father and mother getting into arguments*
- *The father getting well by the end of the text.*

7. **Did the description of Anna's mother stand out to you at all and, if so, what was your response to reading about Anna's mother (pp. 13-18)?**

Note to the interviewer:

- *I could ask the participant about what contributed (i.e., specific aspects of the book) to his or her reaction*

- *I could ask the participant to compare the portrayal of Anna's mother and the main character's father*

Some other specific areas I could probe include:

- *Anna's mother being able to keep her job (relative to the main character's father losing his job)*
- *Anna's mother being anxious and angry, and saying mean things*
- *Anna's mother's hospitalization*
- *Anna's mother's experience of treatment*

8. **During your reading, what was your response to the boy's mother?**

Notes to the interviewer:

- *I could ask the participant about what contributed (i.e., specific aspects of the book) to his or her reaction*

Some other specific areas I could probe include:

- *I could ask about the mom's relationship with her son and partner (the dad).*
- *The mother being unable to bring her son to soccer and not being home for some meals*
- *The mother getting into arguments with the father*
- *The mother's ability to console her son*

9. **What was your response to the young boy?**

Notes to the interviewer:

- *I could ask about what contributed (i.e., specific aspects of the book) to the reaction*

Some other specific areas I could probe include:

- *If the participant did not already talk about the son's relationships with his parents, I could ask about them here*
- *The son being disappointed that his father could not attend his soccer games, but not that his mother was not attending*
- *The son eating ice-cream because his father did not heat the prepared soup*
- *The son feeling bad that his father got in trouble*

10. **During your reading, what was your response to the overall family and their life situation?**

Notes for the interviewer:

- *I could ask about what contributed (i.e., specific aspects of the book) to the reaction*

Some other specific areas I could probe include:

- *That the family lives in a house, even though the father is not currently working*
- *That the family can place the son in organized sports*
- *That the family has others they can rely on when they cannot bring the son to soccer*
- *That the son lives with two parents*

Questions related to Hamilton (1995)

1. **Have you read this book before?**
2. **What was your overall response to this reading?**

Notes to the interviewer:

- *I could ask the participant to flip through the book to provide any reactions he or she has to specific sections*

3. **Was there a part or were there parts, such as certain pages or sections, of your reading that struck you?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect(s) of the book that he or she found particularly striking*
- *I could follow-up with asking if reading any specific pages struck the participant and prompt him or her to turn to and discuss it*

4. **What was your response to the parental depression in this reading?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect of the book that he or she found particularly striking*

5. **How does your reading of this story of parental depression relate to how you might tell a story about parental depression? As you are answering this question, feel free to flip through the book to provide specific comparisons.**

Notes to the interviewer:

- *I could ask the participant to elaborate on any comparisons to the book he or she makes*

6. **During your reading, what was your response to the mother?**

Notes to the interviewer:

- *I could ask the participant to flip through the book as a reference point and seek further elaboration on the participant's reactions*

Some other specific areas I could probe include:

- *The mom having good days, bad days, but mostly in between days*
- *The mom staying at home during the day*
- *The mom being able to reassure her daughter*
- *The mother's relationships with her daughter and the father*

7. **During your reading, what was your response to the daughter?**

Notes to the interviewer:

- *I could ask the participant to flip through the book as a reference point and seek further elaboration on the participant's reactions*

Some other specific areas I could probe include:

- *The daughter's relationship with her father*
- *The support (i.e., caring) the neighbor provides*
- *The daughter's relationship with her mother*
- *The daughter's persistence in trying to get a cat*
- *The daughter having cereal for breakfast on bad days*
- *The daughter acknowledging the 'good times'*

8. **During your reading, what was your response to the father?**

Notes to the interviewer:

- *I could ask the participant to flip through the book as a reference point*

Some other specific areas I could probe include:

- *How the father engages with the daughter (i.e., helping her with the thermometer task)*
- *How the father seems to help out around the house (i.e., he does the dishes)*
- *The father communicating openly with the daughter*

9. **During your reading, what was your response to the overall family and their life situation?**

Notes for the interviewer:

- *I could ask about what contributed (i.e., specific aspects of the book) to the participant's reaction*

Some other specific areas I could probe include:

- *That the family lives in a house, even though it is unclear whether the mother participates in paid work*
- *That the family has a place for the daughter to go when things are not going well (a caring neighbor)*

Questions reflecting on the two books overall

1. **What was your overall response after reading the two books?**
2. **How would you compare the readings of parental depression?**

Notes to interviewer:

- *I could ask the participant to elaborate on whether there are specific areas of the books that exemplify the comparison*

3. **While reading, what was your reaction, if any, to the gender portrayals in the readings?**

Note to interviewer:

- *I could ask how specific aspects of the portrayals contributed to the participant's reaction(s)*

4. **How useful do you find the readings overall?**
5. **Do you prefer one of the readings?**

Note to interviewer:

- *I could ask about what contributed to the participant's preference*

6. **How likely would you be (or have been) to read these to your offspring?**

Notes to interviewer:

- *I could seek elaboration on reasoning*

7. **Is there anything that we have not discussed or that we discussed that you would like to talk about further before we finish this interview?**

Questions related to Andrews (2002)

General opening questions

1. **Have you read this book before?**
2. **What is your overall response to this reading?**

Notes to the interviewer:

- *I could ask the participant to flip through the book to provide any reactions he or she has to specific sections*

3. **Was there a part or were there parts, such as certain pages or sections, of your reading that struck you?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect(s) of the book that he or she found particularly striking*
- *I could follow-up with asking if reading any specific pages struck the participant and prompt him or her to turn to and discuss it*

4. **What was your response to the parental depression in this reading?**

Notes to the interviewer:

- *I could ask the participant to flip to the aspect of the book that he or she found particularly striking*

5. **How does your reading of this discussion of parental depression relate to how you might tell a story about parental depression? As you are answering this question, feel free to flip through the book to provide specific comparisons.**

Notes to the interviewer:

- *I could ask the participant to elaborate on any comparisons to the book he or she makes*

6. **What was your response to gender in the reading?**

Notes to interviewer:

- *I could ask the participant to elaborate on what contributed to his or her reaction*
- *I could ask the participant to reflect on whether the drawings would be different if the illustrator portrayed a father with depression*

7. **What was your response to how the book portrays the life situation of a family with a parent with depression?**

Some specific areas I could prompt further include:

- *That the child lives with both parents*
- *That the father seems to support the mother (i.e., brought her to the hospital)*
- *That the family lives in a house*
- *That the author implied that the family likely had many social resources*

8. **How useful do you find this reading overall?**
9. **How likely would you be (or have been) to read (or to have read) this book to your offspring?**

Notes to the interviewer:

- *I could seek elaboration on reasoning*

What I would like to do next is to go through the book page by page and ask you about your response to the pages

Notes to the interviewer:

- *Ask about the participant's response to the cover of the book as well*
- *Make sure you state the page number so that you can get a better sense of the context of talk*

Some things that I might prompt on when the relevant page(s) come up:

- ***The appropriateness and usefulness of tasks in the workbook (this explicitly relates to a sub-question of the research)***
- *I could ask about what contributed to his or her evaluation of the task's utility*
- *I could ask the participant to describe how he or she might complete the section, and to elaborate on the reasoning behind his or her choices*

Some pages that I thought were important and that I could prompt further on when the page comes up (including if discussion seems to be strained) – see above questions, which could be asked in regards to these specific pages:

- *On page 7 the author asks offspring to "draw a picture of your parent with depression."*
- *On page 11 the author asks offspring to draw a picture of the actions of their parent.*
- *On page 15 the author provides examples of questions offspring might have about parental depression, and then prompts the child to write questions he or she might "want to ask" his or her parent.*
    - *I could ask the participant whether certain questions (of the ones the author included) are of importance or if there are questions that could be excluded and why.*

- *On pages 16 and 17 the author provides multiple examples of emotions and asks the offspring whether he or she experiences any of the emotions. The author then asks offspring to draw emotions he or she is currently feeling*
    - *I could ask the participant whether there are emotions he or she would add to this section and to elaborate on his or her reasoning*
- *On page 20 the author asks offspring to "draw a picture" of things that he or she has "tried to do, thinking that […he or she] could make it better."*
- *On page 24 the author asks offspring to draw some favorite people he or she likes to talk to*
- *On pages 22-23 the author indicates that there are many individuals the offspring can 'turn to.'*
    - ***I could ask about the extent does this fit with how the parent might portray parental depression? (relates to a specific research sub-question)***
- *On page 26 the author asks the child to draw something about a parent, the depression, or their own feelings.*

Concluding question

10. **Is there anything that we have not discussed or that we discussed that you would like to talk about further before we finish this interview?**

Appendix B

Consent Form

UNIVERSITY OF SASKATCHEWAN

Participant Consent Form

Project Title: How parents who have had depression interact with children's picture books on parental depression

Researcher(s): Christine Babineau, Graduate Student, Department of Psychology, University of Saskatchewan, e-mail: christine.babineau@usask.ca

Supervisor: Dr. Linda McMullen, Department of Psychology, University of Saskatchewan, (306) 966-6666, e-mail: linda.mcmullen@usask.ca

Purpose(s) and Objective(s) of the Research: You are invited to participate in a research study titled "How parents who have had depression interact with children's picture books on parental depression." Researchers have explored the topic of parental depression with multiple areas of focus and perspectives. At the same time, there has been less research on how individuals who have had parental depression interact with publicly available ways of discussing the topic. These ways of constructing parental depression could have various consequences, and therefore exploring how individuals who have had parental depression interact with them is important. The purpose of the current study is to explore how individuals who have had parental depression interact with constructions of it in 2-3 children's picture books on the topic. We will be analysing how language is used by participants while interacting with the books.

Procedures: We invite you to participate in two separate 1-2 hour long individual-interviews on the topic of portrayals of parental depression in children's picture books. At each interview, I, the interviewer, will give you 1-2 children's picture books on parental depression to read. After reading the book(s), I will ask you to discuss the books with me. The questions I will ask you will be on the topic of your reactions to the books, how you compare the portrayals in the books to your own accounts, and the usefulness of the books. With your consent I will audio record each interview to aid with transcription. A member of the research team will transcribe the interviews, after which I will ask you to review the transcripts for the purposes of accuracy, and sign transcript release forms for each interview. If you have any questions at any time regarding the current study, including but not limited to the purpose, procedures, or your participation, do not hesitate to ask me (the interviewer) or my faculty supervisor using the contact information I have provided.

Funded by: Faculty Supervisor's Research Funds, and a Student Dean's Scholarship

Potential Risks: Though I do not intend to provoke negative emotions through the interview questions, the overall topic could be considered sensitive or emotionally laden. For your well-being, **I ask that you do not participate if you are currently experiencing depression.** If at any point a question or discussion makes you feel uncomfortable, you can choose to not answer

that question without any penalty. You may also discontinue participation at any time without explanation or penalty. After you have completed participation or have withdrawn from the study, I will give you a sheet that provides a more in depth explanation of the research topic.

Potential Benefits:

- You may receive no personal benefits from participation in this study.
- The current research will fill a gap in knowledge surrounding parental interactions with these book.
- This research could provide further information on the utility of these books.
- This project could help provide more information to individuals, such as teachers or clinicians, who might want to use these types of texts.

Compensation: For your time, we will provide you with $50.00 compensation per interview. I, the interviewer, will provide you with this compensation at the research site at the end of each interview. Should you decide to withdraw from participation, we will provide you with a pro-rated amount.

Confidentiality:

- We will use a pseudonym (a name, that is not your actual name, which we will use to refer to you in the data) when transcribing the data to conceal your identity. I, the interviewer, will provide you with the opportunity to choose your pseudonym at the end of the first interview. Please keep in mind that this name will be used to refer to your communications. As such, please ensure that your pseudonym choice is one you are comfortable with being used to refer to you and it does not risk identifying you.
- During transcription we will remove identifying information (i.e., names). Though we will use the data for a research paper, presentations, and/or publications, at no point will you be identified. Only the researcher and the supervisor of the current project will have access to the consent forms, and original data.
- Please be aware that there are **limitations to confidentiality**. For example, if a participant communicates something that brings into question the safety and/or well-being of a child (i.e., child abuse), I, the interviewer, will be legally required to share this information with a third party (i.e., law enforcement or protective services). Further, should a participant indicate that he or she is a danger to him or herself (i.e., suicidality) or to others, I, the interviewer, will be required to breach confidentiality through contacting relevant law enforcement or crisis services.

- **Storage of Data:**
    - I, the interviewer, will store your data on an audio recording device(s) temporarily, which I will keep in my possession. Shortly after each interview, I will transfer the audio file(s) to my password protected computer and my faculty supervisor may also save the files to her password protected computers. I will then permanently delete the audio files from the audio recording device(s).
    - I, the interviewer, or a transcriber we hire, will make transcripts from the saved audio files using a word processing program. We (the student researcher and faculty supervisor) will save these transcripts on our password protected computers. Should we (the student researcher or faculty supervisor) make printed

copies of the transcripts, we will keep them in our possession when we are using them. When we are not using the transcripts we printed, we will store them in a locked cabinet on the University of Saskatchewan campus or in a locked cabinet at the student researcher's home. Once the printed transcripts are no longer needed, we will shred them.
    - We will store your consent form in a locked cabinet in the office of the faculty supervisor, separate from the transcripts of the interviews.
    - We will keep data for a minimum of five years following the student researcher's completion of her doctoral degree.
    - We will back-up and archive audio-recordings and transcripts on a secure server owned and managed by the University of Saskatchewan – the Paws cabinet server.

Right to Withdraw:

- Participation is voluntary, and you are free to withdraw from the interviews at any time. Withdrawal will not result in any form of penalty. Further, you can choose not to answer questions that you are not comfortable answering.
- Should you wish to withdraw, your data will be removed from data collection and destroyed completely.
- Your right to withdraw data from the study will apply until November 2017, after which we might have already pooled your data and your data may no longer be separable from the data set. After this date, it is also possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Follow up:

- To obtain results from the study, please feel free to contact either the student researcher or her faculty supervisor using the contact information we provided above.

Questions or Concerns:

- Contact the researcher using the information at the top of page 1;
- This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board. Any questions regarding your rights as a participant may be addressed to that committee through the Research Ethics Office ethics.office@usask.ca (306) 966-2975. Out of town participants may call toll free (888) 966-2975.

Consent:

Your signature below indicates that you have read and understand the description provided;

I have had an opportunity to ask questions and my questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

***I would like to review the transcripts of my interviews. Yes___ No___**

*If you would prefer to be contacted for the purpose of transcript release through another means than we are currently in contact with you, or you anticipate a change in your contact information, please inform the interviewer, so she can make this note. Once a transcript is sent to you by the researcher, you will have two weeks to review the transcript and provide any revisions. If you indicate that you would like to review the transcripts, but after the two-week period have not responded to the initial request for transcript review or reminder requests, this will be taken as an indication that you do not wish to make any changes, and the transcript(s) will be used in the form sent to you. Though your transcripts will be labeled as either reviewed and altered, reviewed but unaltered, or not reviewed, your specific changes will not be highlighted throughout the transcripts.

***I grant permission to be audio taped: Yes: ___ No: ___**

Continued or On-going Consent:

- This consent form pertains to your participation in both interviews. If after the first interview you continue to participate through partaking in a second interview, we will understand this as your consent to continue participating. Before the second interview, the interviewer will provide a brief verbal review of the consent process.

_____	_____	_____
Name of Participant	*Signature*	*Date*

_____	_____
Researcher's Signature	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Some mental health resources in Saskatoon:

If you are experiencing distress, I encourage you to consider consulting some of the following mental health resources:

Services available in the case of urgent needs and/or available 24hours a day (many can also be contacted in the case of non-urgent needs):

Saskatoon Crisis Intervention Services
103-506 25th St East, Saskatoon, SK Canada S7K 4A7
Phone: (306) 933-6200
**This phone number is available as a crisis line and is available 24 hours a day*
Website: http://www.saskatooncrisis.ca/

Royal University Hospital Emergency Department
103 Hospital Drive, Saskatoon, SK, S7N 0W8
Phone: (306) 655-1362
Phone (in the case of emergency): 911
Website: https://www.saskatoonhealthregion.ca/locations_services/locations/ruh/Pages/RUH-Emergency-Department.aspx

Saskatoon HealthLine
- Provides health related advice

Phone (24hrs): 811
Website: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/healthline

Saskatoon Police Service
76 25th Street East,
Saskatoon, SK, S7K 3P9
Phone (**emergency only**): 911
Phone (non-emergency and 24hrs): (306) 975-8300

Crisis shelter/residence/supported living:

YWCA Crisis Shelter & Residence
*women and children only
YWCA Address: 510 25th Street East, Saskatoon SK, S7K 4A7
Phone (24hrs): (306) 244-2844
Website: http://ywcasaskatoon.com/crisis-shelter-residence/

The Lighthouse Supported Living
304 2nd Ave South, Saskatoon, SK, S7K 1L1
Phone: (306) 653-0538
Website: http://www.lighthousesaskatoon.org/

Help resources in the case of non-urgent support:
Informal Saskatoon Mood Disorder Support Group

Once a week on Wednesday evenings
At the Zion Evangelical Lutheran Church – though not affiliated
345 4th Ave South, Saskatoon, SK, S7K 1N3
Website: http://www.kijiji.ca/v-activities-groups/saskatoon/saskatoon-mood-disorders-support-group/1122419088

Catholic Family Services
200-506 25th Street East, Saskatoon, SK, S7K 4A7
Phone: (306) 244-7773
Website: http://www.cfssaskatoon.sk.ca/index.html

Family Services Saskatoon
102-506 25th Street East, Saskatoon, SK S7K 4A7
Phone: (306) 244-0127
Website: http://familyservice.sk.ca/

Crocus Co-op
135 Avenue B South, Saskatoon, SK, S7M 1M2
Phone: (306) 655-49770
Website: http://www.crocuscooperative.org/index.htm

University of Saskatchewan: Student Counselling Services
3rd Floor, Place Riel, University of Saskatchewan
Phone: 1-306-966-4930
**services to students only*

Many free resources related to mental health can also be found on the University of Saskatchewan's Student Counselling Services website:
https://students.usask.ca/health/centres/counselling-services.php#Servicesforstudents

Canadian Mental Health Association – Saskatoon Branch
1301 Avenue P North, Saskatoon, SK, S7L 2X1
Phone: (306) 384-9333
Website: http://saskatoon.cmha.ca/programs-and-services/

Saskatoon Health Region: Mental Health and Addiction Services
Adult Services:
Suite 156, 122 3rd Ave. North, Sturdy Stone Building, Saskatoon, SK S7K 2H6
Phone: 655-4100
Centralized Intake (main phone number): 655-7777
Website: www.saskatoonhealthregion.ca
Also see
https://www.saskatoonhealthregion.ca/locations_services/Services/mhas/Documents/Community%20Adult%20Mental%20Health%20Services/Anxiety%20and%20Mood%20-%20New%20Draft%20(Oct).pdf for a pamphlet on programming offered related to mood and anxiety disorders, or ask about these services using the following phone number: 655-7777

Appendix C

Interview Debriefing Form

Thank you for taking part in this research project entitled "How parents who self-report as having had depression interact discursively with children's books on parental depression". This project was done through the Psychology Department of the University of Saskatchewan. The purpose of this research project was to explore how parents who self-report as having had depression while parents interact with available discourses on the topic. The topic of parental depression has become a widely researched area within academia. Much of the focus of researchers within this body of academic literature has been on challenges associated with parental depression, such as developmental difficulties of the offspring (e.g., Gladstone, Boydell, & McKeever, 2006; Hayden, Olino, Mackrell, Jordan, Desjardins, & Katsiroumbas, 2013; Kane & Garber, 2004; National Research Council and Institute of Medicine, 2009). At the same time, there have been researchers who have raised caution in relation to making uncritical assumptions of offspring vulnerability and direct impact based on much of the available research in this area (Gladstone et al., 2006; Ramchandani & Murphy, 2013). Olsen and Clark (2003) have highlighted that parenting in the context of such experiences as depression is also a very complex context, with a great deal of variability in experiences, and many factors that need to be considered when reflecting on this context, such as what might contribute to parenting barriers for some parents. Researchers have found that some parents talk about potential discrimination based on their 'disability,' and feelings of deficiency (Galasiński, 2013; Hall, 2006; Olsen & Clark, 2003). If parents are given mainly accounts of deficiency or stigmatization, there could be implications for their overall wellbeing and identity. As such, reflecting on the available discourses on the topic, and how parents interact with these discourses, is an important area of exploration. Children's books on parental depression represent a medium in which the authors have the potential to communicate messages related to the topic to both offspring and parents (who might read the books to their offspring, for example).

This research is important for several reasons. First, this research is intended to fill a gap within the research in relation to how parents with depression (based on self report data) interact with discourses on the topic. This research can also aid in the context of such therapeutic practices as bibliotherapy. For example, this research could help clinicians and clients make informed choices in relation to text selection by providing them with more information on the

texts. Further, as I mentioned above, the discourses circulating related to parental depression, and how they are evaluated by parents, can be consequential, such as for parental identity, wellbeing, and self-efficacy. This potentially consequential nature of the discourses is particularly significant given that researchers have argued that related self-help texts can be very influential and authoritative (Allwood, 1996; Philip, 2009). As such, though the authors of these children's texts might not intend to oversimplify and stigmatize parenting in the context of depression, it is important to explore how these accounts are interacted with and evaluated by parents.

For further questions you may have, feel free to contact me, Christine Babineau, by e-mail at christine.babineau@usask.ca. You may also contact my faculty supervisor: Dr. Linda McMullen by phone (306) 966-6666 or e-mail linda.mcmullen@usask.ca. This contact information can also be used to obtain a copy of the study results. The study was approved by the University of Saskatchewan's Behavioural Ethics Boars on ***(DATE**)***. Any questions concerning your rights as a participant can be addressed to the Office of Research Services at (306) 996-2084. Out of town participants may call collect.

Once again, I would like to thank you greatly for your participation in the current study! If you are experiencing distress, I encourage you to consult some of the mental health resource at the end of this form.

If you would like to read further on the topics discussed, you may choose to refer to the following pieces of literature:

Allwood, R. (1996). 'I have depression, don't I?': Discourses of help and self-help books. In E. Burman (Ed.), *Psychology Discourse Practice: From Regulation to Resistance* (pp. 17-36). London: Taylor & Francis.

Galasiński, D. (2013). *Fathers, Fatherhood and mental illness: A discourse analysis of rejection*. New York, NY: Palgrave Macmillan.

Gladstone, B. M., Boydell, K. M., & McKeever, P. (2006). Recasting research into children's experiences of parental mental illness: Beyond risk and resilience. *Social Science & Medicine, 62*(2006), 2540-2550.

Hall, P. (2006). Mothers' experiences of postnatal depression: an interpretative phenomenological analysis. *Community Practitioner, 79*(8), 256-260.

Hayden, E. P., Olino, T. M., Mackrell, S. V. M., Jordan, P. L., Desjardins, J., & Katsiroumbas, P. (2013). Cognitive vulnerability to depression during middle childhood: Stability and

associations with maternal affective styles and parental depression. *Personality and Individual Differences, 55,* 892-897.

Kane, P. & Garber, J. (2004). The relations among depression in fathers, children's psychopathology, and father-child conflict: A meta-analysis. *Clinical Psychology Review, 24,* 339-360. DOI: 10.1016/j.cpr.2004.03.004

National Research Council and Institute of Medicine. (2009). Associations between Depression in Parents and Parenting, Child Health, and Child Psychological Functioning. In *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention* (pp. 119-182). Washington, DC: National Academies Press.

Olsen, R & Clarke, H. (2003). *Parenting and Disability: Disabled Parents' Experiences of Raising Children*. Bristol, UK: The Policy Press.

Philip, B. (2009). Analysing the politics of self-help books on depression. *Journal of Sociology, 45*(2), 151-168. DOI: 10.1177/1440783309103343

Ramchandani, P. G. & Murphy, S. E. (2013). Parental depression and the challenge of preventing mental illness in children. *The British Journal of Psychiatry, 202,* 84-85. DOI: 10.1192/bjp.bp.112.115659

Appendix D

Transcript Release Form

I,_____, have reviewed the complete transcript of my personal interview in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my personal interview with Christine Babineau. I hereby authorize the release of this transcript to Christine Babineau to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records. Though your transcript will be indicated as either reviewed and altered, reviewed but unaltered, or not reviewed, your specific changes will be embedded within the transcript, and will not be highlighted.

_____ _____

Name of Participant Date

_____ _____

Signature of Participant Signature of researcher

Appendix E

Transcript Release Initiation Email

Dear _____,

On ___ you participated in an interview for the research project ____ in which you read two picture books on parental depression and then discussed the books with me, Christine Babineau. Thank you again for your participation in this study. You indicated that you would like to review the transcript from your interview. As such, I have attached an encrypted copy of the interview using the password we discussed at the end of the interview. Feel free to contact me with any issues you have with accessing the document.

Any changes you make to this document will be made to the final transcript of your interview. The purpose of sending you this document for your review is to ensure that you are informed of the content of the interview, and fully consent to the use of this interview in the current research project. If you would like to retract your interview from the data, you can do so without any penalty. After the date of (insert), it is possible that the data from your interview will have already been integrated with the data of other participants, and therefore retraction after this point might not be possible. As such, if you wish to retract your interview, please do so before this date.

If you decide to make changes to the interview and have decided to receive an electronic version to review, please use the 'Track changes' function in Word. Otherwise, if you are using a physical copy of the document, please indicate your changes on the document itself. Individuals are sometimes surprised at such things as pauses, false starts, and other such occurrences in transcripts, but please keep in mind that these occurrences are common in transcripts, and they might appear more prominent in the written transcript than in the verbal speech itself. If you have any questions or concerns, please do not hesitate to contact me.

I ask that you return your revisions within two weeks from (insert date sent). If you would like to extend this time period, please feel free to contact me, and we can make such arrangements. If you do not respond before the two-week period is up, I will assume you have read the transcript and do not wish to make any changes to the transcript and therefore the transcript will be used in the format sent to you.

Thank you again for your generous participation in this project.

Sincerely,

Christine Babineau

Appendix F

Transcript Notation

Based on notation presented by Lafrance (pp. 206-207, 2009)

- **Interviewer's speech** – Interviewer's initials in italics (e.g., *CB: ...*)
- **Interviewee's speech** – Participant selected pseudonym: (e.g., Lynne: …)
- **Pauses** – Indicated using consecutive periods
- **Emphasised word** – Word is in bold font
- **Punctuation** – "used to mark speech delivery rather than grammar. A period indicates a stopping fall in tone; a comma indicates a continuing intonation; a question mark indicates a rising inflection; and exclamation point indicates an animated or emphatic tone" (p. 207)
- **"[N]on-speech sounds or other features of the talk or scene" (p. 207)** – description in double brackets [e.g., ((laughing))]
- **Laughing while speaking** – (h) placed where laughter occurred in speaking
- **Information removed to safeguard confidentiality** – replaced with a related general descriptor in squared brackets (e.g., [son's name])
- **Part of excerpt has been excluded** – […]
- **Overlapping speech:** enclosed in square brackets (e.g., *CB: What is your [response to your reading?* Lynne: Well, it is difficult] to describe)
- **Speech significantly hastens or slows** – relevant speech enclosed in greater or less than symbols (<slowed speech> >hastened speech<)
- **"[A] sharp cut-off of speech" (p. 206)** – a dash
- **"Extension of [… a] sound or syllable"** – Colon after "sound or syllable" that was extended; "More colons prolong the stretch" (p. 206)
- **"Absence of a discernible gap" between different speakers' speaking turns -** "An equal sign at the end of a speaker's utterance and at the start of the next utterance" (p. 206)

Appendix G

Poster Advertisement

Are you a parent who has experienced depression?

We are interested in your input on children's books on parental depression.

No previous experience with these books required!

*If you are a parent who has had depression while you had children that was not post-partum depression, we invite you to participate in an interview-based study on the portrayals of parental depression in children's books. If you are currently experiencing an episode of depression, or severe depression, we ask that you consider participating at a later date.

Duration: Two, hour-long interviews and at-home time spent reading four short children's books

Methods: We will provide you with four different children's books on parental depression to read at home on your own time. You will then take part in two separate one-hour interviews, both at separate dates, on the topic of the books (two books per interview).

Compensation: Refreshments will be provided, along with $50 compensation per interview for your time

This research project has been approved on ethical grounds by the University of Saskatchewan Research Ethics Board.

To learn more, please contact:

Christine Babineau (christine.babineau@usask.ca or Phone: 306-966-6687)

Children' s books on parental depression: Interview study
christine.babineau@usask.ca
306-966-6687

Children' s books on parental depression: Interview study
christine.babineau@usask.ca
306-966-6687

Children' s books on parental depression: Interview study
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306-966-6687

Children' s books on parental depression: Interview study
christine.babineau@usask.ca
306-966-6687

Children' s books on parental depression: Interview study
christine.babineau@usask.ca
306-966-6687

Appendix H

Demographic Questionnaire

**Only parents who have experienced depression while parents are eligible to participate in this study at this time.*

Your age: _____

How many children do you have?: _____

While being a parent, have you experienced depression that was not antenatal (during pregnancy) or post-natal (shortly following child birth)?:

Yes / No

** We are focusing on more general depression for this research project. As such, if the only time in which you experienced depression as a parent was in the antenatal or post-partum period, we ask that you refrain from participating at this time. If you have any questions about this eligibility criterion, please feel free to contact us using the following contact information:* christine.babineau@usask.ca. *Thank you for your consideration.*

Have you been formally (such as by a physician or a psychiatrist) diagnosed with depression?

Yes / No

If Yes, please indicate who provided the diagnosis: _____

Do you consider yourself a child of a parent with depression?

Yes / No

Other: _____

Please describe your parental context while you experienced the depression. For example, how old was your child/children, and were you a single parent or co-parenting at the time of the depression?:

Are you currently experiencing severe depression, or an episode of depression?:

Yes / No

** For ethical reasons, if you are currently experiencing an episode of depression, or severe depression, we ask that you do not take part in the current study. If you have any questions about this eligibility criterion, please feel free to contact us using the following contact information:* christine.babineau@usask.ca. *Thank you for your consideration*